



**COLORADO**  
Department of Public  
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

To: Members of the State Board of Health

From: Laurie Schoder, Policy Analyst, Health Facilities and Emergency Medical Services Division

Through: D. Randy Kuykendall, MLS; Director *DRK*

Date: January 20, 2016

Subject: Proposed Amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter 5, Long Term Care Facilities and Conforming and Technical Amendments to Chapter 2, General Licensure, with a Request for the Rulemaking Hearing to occur on March 16, 2016.

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In 2014, the Division conducted a regulatory review of Chapter 5 and determined that many of those rules were outdated, confusing and/or inconsistent with state or federal law. Therefore, the Division pledged to initiate a community stakeholder process to thoroughly review the entire rule.

The Division has been meeting with stakeholders every month for over a year to revise the Chapter 5 regulations. All stakeholder meetings were open to the public and routinely included the state long-term care ombudsman, a nursing care facility resident, members of the Colorado Medical Directors Association and other licensed medical professionals, owners and administrators of licensed nursing care facilities, and representatives of the Colorado Health Care Association, Leading Age Colorado, the Legal Center and the Colorado Hospital Association.

Due to the extensive nature of the revisions, the Division proposal is that the current chapter be stricken in its entirety and replaced with a new version that has also been reorganized and renumbered. The Division also proposes changing the title of Chapter 5 from Long Term Care Facilities to Nursing Care Facilities to align with the Department's statutory authority.

One proposed revision to the pharmacy section of Chapter 5, along with conforming changes to Chapter 2, is being made to align with statutory changes brought about by House Bill 15-1039 which addressed the donation of prescription medications by licensed health care facilities. In addition, language throughout the entire chapter has been revised to reflect technological advances; make it more person-centered; and reflect that a nursing care facility is not merely a health care institution but also a resident's home.

**STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY**

For Amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities,  
Chapter 5, Long Term Care Facilities and Conforming and Technical  
Amendments to Chapter 2, General Licensure  
January 20, 2016

**Basis and Purpose:**

In 2014, pursuant to Section 24-4-103.3, C.R.S., the Division conducted a regulatory review of Chapter 5 and determined that many of those standards were outdated, confusing and/or inconsistent with state statute. Since then the Division has conducted monthly meetings with stakeholders to completely overhaul the regulations regarding nursing care facilities. Due to the extensive nature of the revisions, the Division is proposing that the current regulation set be stricken in its entirety and replaced with a new version that has also been renamed, reorganized and renumbered.

The major highlights of the changes include adding language to require at-risk elder abuse reporting; revising the medical services section to allow for expanded use of non-physician practitioners consistent with federal and state law; updating therapist and other staff qualifications to align with state law and/or reflect current professional standards; updating the subsection on disposition of medication to align with changes made by House Bill 15-1039; requiring a security officer or other designated staff person to oversee health information security; and requiring a facility to petition the court for appointment of a guardian for any resident placed in secure unit if that resident lacks decisional capacity and has no designated representative.

The following is a brief summary of the changes to Chapter 5 by section:

**Section 1** - Updated to include reference to medical waste disposal regulations.

**Section 2** - Several new definitions added.

**Section 3** - Clarification of governing body role and reworded quality assurance subsection.

**Section 4** - Reworded for clarity and addition of language regarding at-risk elder abuse reporting.

**Section 5** - Primarily reworded.

**Section 6** - Primarily reworded.

**Section 7** - Reorganized and time frames revised to align with federal requirements. Individual responsible for nursing care planning changed to registered nurse to align with federal requirement.

**Section 8** - Revised to allow for expanded use of non-physician practitioners consistent with federal and state law; added requirement that medical director personally visit facility at least every three months; added requirements regarding the contents of practitioner's notes and time frame for inclusion in health information record; expanded medical director's responsibilities to be consistent with remainder of rule and allowed for practitioner use of telehealth within certain parameters.

**Section 9** - Reworded and clarified the subsection on restraints to align with statute. Reworded and clarified the subsections on medication administration and safety devices.

**Section 10** - Time for social services staff to review and update assessment and care plan shortened to quarterly. Updated and clarified staff qualifications.

**Section 11** - Primarily reworded.

**Section 12** - Added requirements that each resident must be informed about the consequences of undiagnosed oral health issues and about the availability of public benefits for dental services.

**Section 13** - Revised to reflect proposed federal language regarding meal times; expanded qualifications for individual overseeing dietary services; updated menu reference requirements;

clarified requirements for refrigerator safety and feeding of residents in isolation; and deleted subsection on milk because that is covered in the retail food regulations with which facilities are also required to comply.

**Section 14** - Reorganized and reworded to eliminate duplicative and obsolete subsections and better align with federal requirements.

**Section 15** - Reworded for clarity and to better align with state law.

**Section 16** - Revised to require that facilities complete a risk assessment for emergencies using an all hazards approach. Addition of items to be addressed in facility policies and procedures regarding various emergencies and addition of items to be addressed in facility disaster plans.

**Section 17** - Revised language to reflect current technology; reworded section on health information staff responsibilities; added requirement for security officer or other designated staff person to oversee health information security and updated staff qualifications to reflect current professional standards.

**Section 18** - Updated therapist qualifications to align with state law and consolidated sections to eliminate duplication.

**Section 19** - Reworded duties of consulting pharmacist to better align with federal law; added subsection on the use of investigational medications and updated subsection on disposition of medication to align with state law.

**Section 20** - Current time frame for inclusion of diagnostic reports in health information record shortened from thirty days to two days and requirement relocated to Section 17.1(A).

**Section 21** - The only change is correction of the hyperlink.

**Section 22** - Removal of footnotes and obsolete language along with clarification of resident communication system requirements.

**Section 23** - Reorganized and reworded for clarity; updated statutory references and added requirement that if resident lacks decisional capacity and has no representative, facility must petition court for appointment of guardian within 30 days of resident's placement in secure unit.

**Section 24** - Primarily reworded.

**Section 25** - Reworded and reorganized.

**Section 26** - Reworded, reorganized and references updated to include various CDC guidelines.

**Section 27** - Primarily reworded.

**Section 28** - Updated reference for disposal of medical waste.

**Section 29** - Substantially unchanged.

**Section 30** - Statutory reference added and slightly reworded.

**Section 31** - Reorganized and reworded for clarity and to better align with state law.

**Section 32** - No change.

The proposed changes to Chapter 2 update the address for submitting a waiver application and the donation of prescription medications by licensed health care facilities as authorized by House Bill 15-1039. These changes ensure alignment with Chapter 5, Sections 4.6 and 19.8 respectively. In addition, Chapter 2, Sections 8.103 and 10.5 references to Chapter 5 were updated to reflect the proposed Chapter 5 title. The statutory references and terminology in Chapter 2, Section 8.102 and 8.103 were also updated for overall alignment with Chapter 5.

**These rules are promulgated pursuant to the following statutes:**

Section 25-1.5-103, C.R.S. (2015)

Section 25-1-107.5, C.R.S. (2015)

Section 25-1-120, C.R.S. (2015)

Section 25-3-101, et seq., C.R.S. (2015)

Section 18-6.5-108(1)(b)(V), C.R.S. (2015)

## SUPPLEMENTAL QUESTIONS

**Is this rulemaking due to a change in state statute?**

Yes, partially. Revisions to Chapter 5, Section 19 with conforming changes to Chapter 2 were necessitated by House Bill 15-1039.  
 No

**Is this rulemaking due to a federal statutory or regulatory change?**

Yes  
 No

**Does this rule incorporate materials by reference?**

Yes  
 No

**Does this rule create or modify fines or fees**

Yes  
 No

**REGULATORY ANALYSIS**

For Amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities,  
Chapter 5, Long Term Care Facilities and Conforming and Technical  
Amendments to Chapter 2, General Licensure  
January 20, 2016

- 1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.**

The proposed rule changes will affect many classes of persons. They will affect the owners, operators, staff and residents of nursing care facilities as well as other licensed professionals that serve the residents of nursing care facilities. The costs of the proposed rule will be borne primarily by the licensees and the Department. The affected nursing care facilities, their residents and the public will all benefit from amending this regulation to reflect current industry standards, align with state and federal law and clarify Department expectations.

- 2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.**

The short-term quantitative impact of the proposed revisions will be most apparent in the time required by facility owners and staff to familiarize themselves with the revised standards and the reorganization of the entire regulation set. The expectation is that this will be offset by the anticipated long-term quantitative impact of greater staff efficiency due to the changes allowing greater use of non physician practitioners, telehealth and other electronic methods for care delivery.

The major qualitative impacts of the revisions for residents will be achieved through the use of more person centered language and higher standards of care in certain areas such as dental services, medical record entries, resident rights, and admission into a secured unit.

- 3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.**

The Department will incur some costs primarily associated with administrative tasks such as rewriting the feeding assistant program protocols to align with the revised regulations and revising the software program that allows for electronic entry of survey and plan of correction data. The Department does not anticipate that these amendments will result in any costs to other agencies.

- 4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.**

The probable costs and benefits of the proposed amendments far outweigh the probable costs and benefits of inaction since inaction would result in continued conflict between the regulations and various state and federal laws, along with the continuation of many now antiquated requirements and obsolete language. The proposed amendments will benefit the

industry and public alike because everyone will have a better understanding of the nursing care facility licensing requirements.

**5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.**

The Department has determined that there are no less costly or intrusive methods for achieving the purpose of the revised rule. Neither Departmental policies nor guidance would have accomplished the goal of updating the regulations to reflect current industry standards, align with state and federal law and eliminate obsolete requirements.

**6. Alternative rules or alternatives to rulemaking considered and why rejected.**

Initially the Department considered revising only one section of the regulation chapter, but it became evident after consultation with stakeholders that the entire chapter needed to be rewritten. Although the complete rewrite required a larger time commitment from both stakeholders and Department personnel, it was determined to be the preferable method to avoid any unintended consequences that might result from a patchwork approach.

**7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.**

The Department analyzed the type and number of health care entities affected by these amendments, as well as the number of resident beds involved. There are approximately 219 currently licensed nursing care facilities with a total of 20,316 beds. The majority of facilities are dually certified to serve both Medicare and Medicaid residents, so they are also subject to federal standards. Five facilities, however, serve only private pay residents. Therefore the proposed amendments had to be drafted so that they would apply to all types of nursing care facilities regardless of payment source.

In the short-term, both Department and facility personnel will need to spend extra time familiarizing themselves with the changes. However, in the long term, regulations that reflect current industry standards, align with state and federal law and are easier to navigate will benefit everyone that interacts with a nursing care facility from staff to residents and their family members.

## STAKEHOLDER COMMENTS

For Amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter 5, Long Term Care Facilities with conforming amendments to Chapter 2, General Licensure

**The following individuals and/or entities were included in the development of these proposed rules:**

Anne Meier, Colorado Long-Term Care Ombudsman; Shannon Gimbel, Denver Regional Council of Governments; Vinni Ferrara, Older Americans Program Assistant for Disability Law Colorado; a nursing care facility resident; Gregory Gahm, M.D., Leslie Eber, M.D., and other members of the Colorado Medical Directors Association; Joshua Zucker, N.P., Alan Miller, R.Ph., Candace Johnson, R.D., and other licensed medical professionals; various owners, administrators, staff and consultants of licensed nursing care facilities; Ann Kokish, Arlene Miles and Doug Farmer for the Colorado Health Care Association; Janice Brenner for Leading Age Colorado; Gail Finley and Joshua Ewing for the Colorado Hospital Association; Dr. Katya Mauritson, Oral Health Unit Manager, Prevention Services Division; Dan Goetz, Hazardous Waste Compliance Assurance Officer, Hazardous Materials and Waste Management Division; and various representatives of the Colorado Department of Health Care Policy and Financing.

**The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health:**

The individuals and entities listed above along with all licensed health care entities and subscribers to the Health Facilities and Emergency Medical Services information blog.

**Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.**

The stakeholder group and Division representatives tackled many factual and policy issues and were able to come to consensus on all. Examples include expanding the role of non-practitioners to align with the Colorado Nurse Practice Act but not violate certain federal requirements for facilities providing Medicare services, allowing for the use of telehealth in certain circumstances, shortening the time frame for practitioner visit details to be entered into the health information record, and requiring facilities to inform residents about public dental benefits and to provide assistance in accessing such benefits and services. At the final stakeholder meeting, the Ombudsman voiced concerns that the resident grievance process, which conforms to Colorado law, might be in conflict with federal law. The Department has referred this issue to its legal counsel and expects to have the issue resolved by the rule-making hearing.

**Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?**

The Division believes that the proposed rule amendments will advance HEEJ in a number of ways. Because physicians in Colorado's rural and frontier areas are often in short supply, nursing care facilities in those communities will benefit from the amendments that allow for expanded use of non-physician practitioners and telehealth. Low income residents will have enhanced access to dental care because of a new requirement that nursing care facilities provide information about the

availability of publicly funded dental services and assist residents in accessing such services. Additionally, the resident rights section contains new requirements for facilities to make accommodation residents with limited English proficiency or sensory impairments that inhibit daily communications.

1 ~~DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT~~

2 ~~Health Facilities and Emergency Medical Services Division~~

3 ~~STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER V—LONG TERM CARE FACILITIES~~

4 ~~6 CCR 1011-1 Chap 05~~

5

6 ~~Copies of these regulations may be obtained at cost by contacting:~~

7 ~~Division Director~~

8 ~~Colorado Department of Public Health and Environment~~

9 ~~Health Facilities Division~~

10 ~~4300 Cherry Creek Drive South~~

11 ~~Denver, Colorado 80222-1530~~

12 ~~Main switchboard: (303) 692-2800~~

13 ~~These chapters of regulation incorporate by reference (as indicated within) material originally published~~  
14 ~~elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material.~~  
15 ~~Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health~~  
16 ~~And Environment maintains copies of the incorporated texts in their entirety which shall be available for public~~  
17 ~~inspection during regular business hours at:~~

18 ~~Division Director~~

19 ~~Colorado Department of Public Health and Environment~~

20 ~~Health Facilities Division~~

21 ~~4300 Cherry Creek Drive South~~

22 ~~Denver, Colorado 80222-1530~~

23 ~~Main switchboard: (303) 692-2800~~

24 ~~Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material~~  
25 ~~that has been incorporated by reference after July 1, 1994 may be examined in any state publications~~  
26 ~~depository library. Copies of the incorporated materials have been sent to the state publications depository and~~  
27 ~~distribution center, and are available for interlibrary loan.~~

28 ~~**Part 01. STATUTORY AUTHORITY AND APPLICABILITY**~~

29 ~~01.1 The statutory authority for the promulgation of these rules is set forth in sections 25-1-107.5, 25-1.5-103~~  
30 ~~and 25-3-101, et. seq., C.R.S.~~

31 ~~01.2 A long term care facility shall comply with all applicable federal and state statutes and regulations,~~  
32 ~~including but not limited to, the following:~~

1 ~~(a) This Chapter V;~~

2 ~~(b) 6 CCR 1011-1, Chapter II, General Licensure Standards; and~~

3 ~~(c) 6 CCR 1010-2, Colorado Retail Food Establishment Rules and Regulations.~~

4 **Part 1. GOVERNING BODY**

5 Definitions

6 ~~Department—The Department of Public Health and Environment.~~

7 ~~LONG-TERM CARE FACILITY. A long-term care facility is a health facility that holds itself out as a nursing~~  
8 ~~home, nursing facility, nursing care facility or intermediate care facility or a health facility that is planned,~~  
9 ~~organized, operated, and maintained to provide supportive, restorative, and preventive services to persons who,~~  
10 ~~due to physical and/or mental disability, require continuous or regular inpatient care.~~

11 ~~(a) a long-term care facility is a nursing care facility, or a nursing facility serving residents who require~~  
12 ~~continuous medical and nursing care and supervision.~~

13 ~~(b) a long-term care facility is an intermediate care facility serving residents who require regular, but not~~  
14 ~~continuous nursing care and supervision.~~

15 ~~1.1 GOVERNING BODY. The governing body is the individual, group of individuals, or corporate entity that has~~  
16 ~~ultimate authority and legal responsibility for the operation of the long-term care facility.~~

17 ~~1.1.1 The governing body shall provide the necessary facilities, qualified personnel, and services to~~  
18 ~~meet the total needs of the facility's residents.~~

19 ~~1.1.2 The governing body shall appoint for the facility a full-time administrator, qualified as provided in~~  
20 ~~Section 2.1, and delegate to that officer the executive authority and full responsibility for day-to-~~  
21 ~~day administration of the facility.~~

22 ~~1.1.3 The governing body is responsible for the performance of all persons providing services within the~~  
23 ~~facility.~~

24 ~~1.2 STRUCTURE. If the governing body includes more than one individual, the group shall be formally~~  
25 ~~organized with written constitution or articles of incorporation and by-laws; hold regular, periodic~~  
26 ~~meetings; and maintain meeting records.~~

27 ~~1.2.1 The facility shall disclose its ownership as required in Part 2, chapter II of these regulations.~~

28 ~~1.2.2 The governing body shall provide a formal means of obtaining local community involvement and~~  
29 ~~opportunity to communicate with the administrator on issues of residents' rights. The means of~~  
30 ~~community input shall provide opportunity for regular input and such input shall be documented.~~

31 ~~(a) The input may come through a formally organized community advisory committee that is~~  
32 ~~given the opportunity to comment and advise the governing body on matters of facility~~  
33 ~~policy; is composed of members, a majority of whom reside in the facility's service area,~~  
34 ~~and none of whom are owners or employees of or consultants to the facility.~~

35 ~~(b) The input may come through membership of at least 25% of the governing body~~  
36 ~~representing citizens in the facility's service area, none of whom are owners or~~  
37 ~~employees of or consultant? to the facility.~~

1                   (c) ~~The facility may request Department approval of an alternative means of obtaining~~  
2                   ~~community input on residents' rights.~~

3 ~~1.3 QUALITY ASSURANCE. The governing body shall assure that there is an effective quality assurance~~  
4 ~~program to evaluate the availability, appropriateness, effectiveness, and efficiency of resident care,~~  
5 ~~including without limitation, a continuous program of evaluating medical, nursing care, social services,~~  
6 ~~activities, dietary, housekeeping, maintenance, infection control, and pharmacy services.~~

7                   ~~1.3.1 The quality assurance plan shall be in writing and shall include objectives; personnel involved;~~  
8                   ~~responsibility for reviewing critical incidents; methods for monitoring and evaluating care; and~~  
9                   ~~methods for monitoring effectiveness of actions taken to improve quality of resident care.~~

10                  ~~1.3.2 The facility shall maintain evidence of actions taken in response to quality assurance activity and~~  
11                  ~~their effectiveness and shall report annually to the governing body.~~

12 ~~1.4 EXCEPTIONS TO RULES. The requirements of these regulations do not prohibit the use of alternate~~  
13 ~~concepts, methods, procedures, techniques, equipment, or personnel qualifications or conducting pilot~~  
14 ~~projects. A facility may request waivers or exceptions to these regulations pursuant to 6 CCR 1011-1,~~  
15 ~~Chapter II, General Licensure Standards, Part 4, waiver of regulations for health care entities.~~

16 ~~1.5 POSTING DEFICIENCIES. The facility shall post conspicuously in public view either the statement of~~  
17 ~~deficiencies following its most recent survey or a notice stating the location and times at which the~~  
18 ~~statement can be reviewed.~~

## 19 **Part 2. ADMINISTRATION**

20 ~~2.1 ADMINISTRATOR. The administrator is responsible to the governing body for planning, organizing,~~  
21 ~~developing, and controlling the operations of the facility.~~

22                  ~~2.1.1 The administrator shall be licensed in the State of Colorado.~~

23                  ~~2.1.2 The administrator's responsibilities: 1) liaison among the governing body, medical staff, and~~  
24 ~~physicians whose patients reside in the facility, 2) financial and personnel management, 3)~~  
25 ~~providing for appropriate resident care; and 4) maintaining relationships with the community and~~  
26 ~~with other health care facilities, organizations, and services; 5) assuring facility and staff~~  
27 ~~compliance with all regulations; and 6) any responsibilities prescribed by facility policy.~~

28 ~~2.2 ORGANIZATION. The facility shall be organized formally to carry out its responsibilities with a plan of~~  
29 ~~organization clearly defining the authority, responsibilities, and functions of each category of personnel.~~

30 ~~2.3 POLICIES. In consultation with the Medical Advisor and one or more registered nurses and other related~~  
31 ~~health care professionals, the administrator shall develop and at least annually review written resident~~  
32 ~~care policies and procedures that govern resident care in the following areas: nursing, housekeeping,~~  
33 ~~maintenance sanitation, medical, dental, dietary, diagnostic, emergency, and pharmaceutical care;~~  
34 ~~social services; activities; rehabilitation; physical, occupational, and speech therapy; resident admission,~~  
35 ~~transfer, and discharge; notification of physician and family or other responsible party of resident's~~  
36 ~~incidents, accidents and changes of status; disasters; and health records and any other policies the~~  
37 ~~department determines the facility needs based on its characteristics of its resident population.~~

38 ~~2.4 FACILITY STAFFING PLAN. The facility shall have a master staffing plan for providing staffing in~~  
39 ~~compliance with these regulations, distribution of personnel, replacement of personnel, and forecasting~~  
40 ~~future personnel needs.~~

41 ~~2.5 OCCURRENCE REPORTING.~~

1 Notwithstanding any other reporting required by state regulation, each facility shall report the following to the  
2 department within 24 hours of discovery by the facility.

3 (1) Any occurrence involving neglect of a resident by failure to provide goods and services necessary to  
4 avoid the resident's physical harm or mental anguish.

5 (2) Any occurrence involving abuse of a resident by the willful infliction of injury, unreasonable  
6 confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

7 (3) Any occurrence involving an injury of unknown source where the source of the injury could not be  
8 explained and the injury is suspicious because of the extent or location of the injury.

9 (4) Any occurrence involving misappropriation of a resident's property including the deliberate  
10 misplacement, exploitation, or wrongful use of a resident's belongings or money without the  
11 resident's consent.

## 12 ~~Part 3 – ADMISSIONS~~

13 ~~3.1 RESTRICTIONS. The facility shall admit only those persons whose needs it can meet within the~~  
14 ~~accommodations and services it provides.~~

15 ~~3.1.1 No resident shall be admitted for inpatient care to any room or area other than one regularly~~  
16 ~~designated and equipped as a resident bedroom.~~

17 ~~3.1.2 There shall be no more than four residents admitted to a bedroom.~~

18 ~~3.2 BED HOLD POLICIES. The facility shall develop policies for holding beds available for residents who are~~  
19 ~~temporarily absent therefrom, provide a copy of the policy upon admission, and explain these policies to~~  
20 ~~residents upon admission and before each temporary absence.~~

21 ~~3.3 RESIDENT IDENTIFICATION. Upon admission, each resident shall have a visible means of identification~~  
22 ~~place and maintained on his or her person and property.~~

## 23 ~~Part 4. PERSONNEL~~

24 ~~4.1 POLICIES. The facility shall maintain written approved personnel policies, job descriptions, and rules~~  
25 ~~prescribing the conditions of employment, management of employees, and quality and quantity of~~  
26 ~~resident care to be provided.~~

27 ~~4.1.1 The facility shall provide job-specific orientation to all new employees within 90 days of~~  
28 ~~employment.~~

29 ~~4.1.2 All personnel shall be informed of the purpose and objectives of the facility.~~

30 ~~4.1.3 All personnel shall be provided access to the facility's personnel policies and the facility shall~~  
31 ~~provide evidence that each employee has reviewed them.~~

32 ~~4.2 DEPARTMENTS. Each department of the facility shall be under the direction of a person qualified by~~  
33 ~~training, experience, and ability to direct effective services.~~

34 ~~4.2.1 The facility shall provide a sufficient number of qualified personnel in each department to operate~~  
35 ~~the department.~~

36 ~~4.2.2 All persons assigned to direct resident care shall be prepared through formal education or on the~~  
37 ~~job training in the principles, policies, procedures, and appropriate techniques of resident care.~~

1           ~~The facility shall provide educational programs for employees to be informed of new methods~~  
2           ~~and techniques.~~

3 ~~4.3 STAFF DEVELOPMENT COORDINATOR. The long term care facility shall employ a staff development~~  
4           ~~coordinator who shall be responsible for coordinating orientation, inservice, on the job training, and~~  
5           ~~continuing education programs and for determining that staff have been properly trained and are~~  
6           ~~implementing results of their training. The objective of this standard is that staff be appropriately trained~~  
7           ~~in necessary aspects of resident care to carry out their job responsibilities.~~

8           ~~4.3.1 The coordinator shall have experience in and ability to prepare and coordinate inservice~~  
9           ~~education and training programs for adult learners in the area of geriatrics.~~

10           ~~4.3.2 The facility shall employ a staff development coordinator for a sufficient amount of time to meet~~  
11           ~~inservice, orientation, training, and supervision needs of staff. The facility shall provide for~~  
12           ~~appropriate staff follow up.~~

13           ~~4.3.3 The facility shall provide annual inservice education for staff in at least the following areas:~~  
14           ~~infection control, fire prevention and safety, accident prevention, confidentiality of resident~~  
15           ~~information, rehabilitative nursing, resident rights, dietary, pharmacy, dental, behavior~~  
16           ~~management, disaster preparedness, and, if it has developmentally disabled residents,~~  
17           ~~developmental disabilities, residents with Alzheimer's conditions, those conditions, or mentally ill~~  
18           ~~residents, mental illness.~~

19           ~~4.3.4 The facility shall maintain attendance records with original signatures on inservice programs and~~  
20           ~~course materials or outlines that staff who are unable to attend the program may review.~~

21 ~~4.4 RECORDS. The facility shall maintain personnel records on each employee, including an employment~~  
22           ~~application, that includes training and past experience, verification of credentials, references of past~~  
23           ~~work experience, orientation, and evidence that health status is appropriate to perform duties in the~~  
24           ~~employee's job description.~~

25 ~~4.5 REFERENCE MATERIALS. The facility shall provide current reference material related to the care that is~~  
26           ~~provided in the facility for use by all personnel.~~

27 ~~4.6 STAFF IDENTIFICATION. All facility staff shall wear name and title badges while on duty, except where~~  
28           ~~they may pose a danger to staff or residents due to the nature of resident conditions.~~

## 29 **Part 5. RESIDENT CARE**

30 ~~5.1 RESIDENT CARE. Residents shall receive the care necessary to meet individual physical, psycho-social,~~  
31           ~~and rehabilitative needs and assistance to achieve and maintain their highest possible level of~~  
32           ~~independence, self care, and self worth and well being. Provision of care shall be documented in the~~  
33           ~~health record.~~

34           ~~5.1.1 QUALITY OF LIFE. Residents shall be provided: a safe, supportive, comfortable, homelike~~  
35           ~~environment; freedom and encouragement to exercise choice over their surroundings,~~  
36           ~~schedules, health care, and life activities; the opportunity to be involved with the members of~~  
37           ~~their community inside and outside the nursing home; and treatment with dignity and respect.~~

38           ~~5.1.2 PRESSURE ULCER PREVENTION AND CARE. (See also 7.7)~~

39           ~~(1) For residents whose pressure ulcers developed while the resident was in the facility, the~~  
40           ~~facility shall have:~~

41           ~~(a) assessed the potential for skin breakdown, and~~

1 ~~(b) provided preventive measures before the ulcer developed to residents identified in~~  
2 ~~the assessment required in section 5.2 as at risk of pressure ulcers (i.e., a~~  
3 ~~resident exhibiting three or more of the following symptoms: underweight,~~  
4 ~~incontinence, dehydration, disorientation or unconsciousness, or limited~~  
5 ~~mobility).~~

6 ~~(2) For all residents with pressure ulcers, the facility shall:~~

7 ~~(a) have developed an individualized treatment plan (as prescribed by section 5.7)~~  
8 ~~designed to alleviate the condition;~~

9 ~~(b) be providing active treatment to improve the condition in accordance with the~~  
10 ~~treatment plan;~~

11 ~~(c) be evaluating the resident's progress and treatment at least weekly and revising the~~  
12 ~~treatment plan as needed and required by section 5.7;~~

13 ~~(d) be providing proper nutrition and hydration to promote healing and prevent further~~  
14 ~~breakdown.~~

#### 15 ~~5.1.3 ACCIDENT PREVENTION AND ATTENTION.~~

16 ~~(1) The facility shall:~~

17 ~~(a) investigate causes of accidents;~~

18 ~~(b) monitor the resident's response to the accident, and obtain physician's or mental~~  
19 ~~health evaluation, if needed;~~

20 ~~(c) have developed and implemented an individualized plan as part of the care plan~~  
21 ~~prescribed by Section 5.7 for prevention of future accidents;~~

22 ~~(d) evaluate and revise the plan as needed.~~

23 ~~(2) For residents at high risk for accidents, the facility shall have identified the risk in the care~~  
24 ~~plan and taken reasonable precautions to prevent common accidents before the~~  
25 ~~accident occurred. Residents at high risk of accidents include the blind, the deaf, those~~  
26 ~~with seizure disorders, those with accidents in the last 6 months, the totally confused~~  
27 ~~but ambulatory, new amputees, and residents on psychoactive drugs.~~

#### 28 ~~5.1.4 BEHAVIOR PROBLEM CARE.~~

29 ~~(1) For residents with behavior problems the facility shall:~~

30 ~~(a) have noted the behavioral problem and evaluated it in the initial assessment~~  
31 ~~required by Section 5.2;~~

32 ~~(b) develop and implement an individualized treatment plan as part of the care plan~~  
33 ~~prescribed by Section 5.7;~~

34 ~~(c) develop and implement a behavior management plan as part of the care plan~~  
35 ~~prescribed by Section 5.7;~~

36 ~~(d) obtain a mental health evaluation in appropriate cases;~~

1 ~~(e) evaluate the resident's progress and revise the plan, as needed and required by~~  
2 ~~Section 5.7;~~

3 ~~(2) For residents receiving behavior modification drugs, the facility shall indicate in nurses'~~  
4 ~~notes both positive and/or negative effects of the drug and that alternatives or adjuncts~~  
5 ~~to the drugs in care planning were considered. These evaluations shall meet~~  
6 ~~requirements of Section 7.10.8.~~

7 ~~5.1.5 CONTRACTURE CARE. (See also 7.7)~~

8 ~~(1) For residents with contractures upon admission, the facility shall have noted the problem,~~  
9 ~~evaluated it, and undertaken restorative nursing intervention.~~

10 ~~(2) For residents with contractures that occurred while in the facility, the facility shall have~~  
11 ~~documented that range of motion and/or repositioning was performed before the~~  
12 ~~contracture developed; if the resident refused treatment or preventive measures, the~~  
13 ~~facility shall have documented that such measures and the consequences of the refusal~~  
14 ~~were explained to the resident.~~

15 ~~(3) For all other residents with the potential for contracture, the facility shall have developed~~  
16 ~~and be implementing an individualized treatment plan as part of the care plan~~  
17 ~~prescribed in Section 5.7 to prevent or manage contractures and be periodically~~  
18 ~~evaluating the progress. The plan shall be reviewed and revised at least annually as~~  
19 ~~needed.~~

20 ~~5.1.6 PROMOTION OF MOBILITY. (See also 7.7)~~

21 ~~(1) For all residents, the facility shall have assessed each resident's ambulation potential and~~  
22 ~~capability at least monthly, designed a plan of care as part of the care plan prescribed~~  
23 ~~in section 5.7 to encourage mobility, be implementing the plan, regularly evaluate~~  
24 ~~progress and revise the plan as needed.~~

25 ~~(2) For residents requiring devices and/or personal assistance to ambulate, the facility shall~~  
26 ~~provide and maintain devices in good repair, assist the resident to obtain appropriate~~  
27 ~~footwear, and provide assistance to residents to move and transfer.~~

28 ~~5.1.7 INDWELLING CATHETER CARE.~~

29 ~~(1) For residents with any indwelling catheter, the facility shall have:~~

30 ~~(a) evaluated appropriateness of continued use at least monthly;~~

31 ~~(b) assessed the reason for the incontinence;~~

32 ~~(c) evaluated the potential of bladder retraining, implementing it, if indicated, or~~  
33 ~~documenting reasons if retraining was not indicated;~~

34 ~~(d) implemented any physician order for irrigation or catheter replacement.~~

35 ~~(2) For residents exhibiting signs or symptoms of urinary tract infection, the facility shall have~~  
36 ~~notified the physician, obtained orders for treatment and implemented such treatment~~  
37 ~~plan.~~

38 ~~5.1.8 WEIGHT CHANGES. The facility shall:~~

- ~~(1) evaluate the resident to determine the cause of the weight change;~~
- ~~(2) develop and implement an individualized plan of care as part of the care plan prescribed by Section 5.7 (including appropriate intervention by other appropriate disciplines); evaluate resident progress as required by Section 5.7, and revise the plan, as needed;~~
- ~~(3) observe food and fluid intake and provide encouragement to residents with eating problems;~~
- ~~(4) provide reasonable choices of foods to meet personal preferences and religious needs;~~
- ~~(5) if nourishments are provided as part of the care plan, between meals and at bedtime, document the nourishments provided and whether they are consumed;~~
- ~~(6) provide assistance in eating or adaptive eating devices and assist residents in obtaining dentures, or dental care, as appropriate to the individual resident;~~
- ~~(7) for residents with mouth or gum problems, meet the requirements of part 10.~~

#### ~~5.1.9 GROOMING.~~

- ~~(1) The facility shall assist the resident to obtain appropriate materials for personal care for the resident, provide personal care in a manner that preserves resident dignity and privacy, and provide social services intervention, if needed.~~
- ~~(2) For residents with inappropriate, unclean, or poorly maintained clothing and/or assistive devices, the facility shall assist the residents to obtain clothing, shoes and devices. Such clothing, shoes and devices shall fit properly, be clean, and be in good repair.~~
- ~~(3) For residents with poor oral hygiene, the facility shall meet the requirements of Part 10.~~

#### ~~5.1.10 EXCORIATION PREVENTION AND CARE. (See also 7.7)~~

- ~~(1) For all residents who are incontinent or immobile, have impaired sensation, compromised nutritional or fluid status, or inadequate hygiene, the facility shall:
  - ~~(a) have completed an initial skin evaluation upon admission and re-evaluated the condition at least weekly;~~
  - ~~(b) be providing measures to prevent the excoriation, including:
    - ~~(1) maintenance of clean, dry well-lubricated skin;~~
    - ~~(2) taking incontinent residents to the bathroom on a regular individualized schedule;~~
    - ~~(3) evaluating the need for daily baths;~~
    - ~~(4) determining potential trouble spots where microbial growth may occur (breasts, gluteal folds, skin folds).~~~~~~
- ~~(2) For residents with excoriations, the facility shall:
  - ~~(a) develop and be implementing an individualized treatment plan as part of the care plan prescribed by Section 5.7 for the excoriation;~~~~

1                   (b) ~~evaluate the resident's progress at least daily and review and revise the treatment~~  
2                   ~~plan as needed;~~

3                   (c) ~~enter a progress note at least weekly in the health record.~~

4                   ~~5.1.11 FLUID MANAGEMENT. The facility shall provide fluid in quantities needed to maintain hydration~~  
5                   ~~and body weight and shall:~~

6                   ~~(1) assess each resident's hydration needs;~~

7                   ~~(2) observe and evaluate food and fluid intake daily and record and report deviations from~~  
8                   ~~sufficient food and fluid intake;~~

9                   ~~(3) provide assistance and encouragement to residents requiring assistance to meet their food~~  
10                   ~~and fluid requirements;~~

11                   ~~(4) provide self help adaptive devices and encourage their use.~~

12                   ~~5.1.12 PERSONAL ENVIRONMENT. The facility shall allow for personalization of rooms through the~~  
13                   ~~use of residents' personal furniture, appliances, decorations, plants, and memorabilia. The~~  
14                   ~~facility may limit the number of furniture items in resident rooms if to do so is necessary to~~  
15                   ~~accommodate roommate preferences, fire codes, housekeeping, or safe movement in the room.~~

16                   ~~5.1.13 PERSONAL CHOICE. The facility shall:~~

17                   ~~(1) make reasonable efforts to accommodate preferences of roommate, including the right of~~  
18                   ~~each resident so requesting to be assigned to a room with non-smokers;~~

19                   ~~(2) allow residents flexibility in times to eat main meals, consistent with requirements of Section~~  
20                   ~~41.2 and with its own reasonable staffing and scheduling requirements;~~

21                   ~~(3) allow residents flexibility in times to bathe, rise and retire, consistent with its own reasonable~~  
22                   ~~staffing and scheduling requirements;~~

23                   ~~(4) provide at least one alternative menu choice for each meal of similar nutritive value. The~~  
24                   ~~same alternative shall not be used for two consecutive meals.~~

25                   ~~5.1.14 PROBLEM RESOLUTION. The facility shall inform residents of the resident council and~~  
26                   ~~grievance procedures, the name, address, and phone number of the Long-Term Care~~  
27                   ~~Ombudsman, and the phone number and address of the Departments of Health and Social~~  
28                   ~~Services and the Colorado Foundation for Medical Care. Staff shall assist residents in raising~~  
29                   ~~problems to the facility's administration or appropriate outside agencies.~~

30                   ~~5.2 RESIDENT ASSESSMENT. Within twenty four hours of admission to the long-term care facility, a licensed~~  
31                   ~~nurse shall assess each resident's physical, mental, and functional status, including strengths,~~  
32                   ~~impairments, rehabilitative needs, special treatments, capability for self-administration of medications,~~  
33                   ~~and dependence and independence in activities of daily living. The initial assessment shall form the~~  
34                   ~~basis of the preliminary care plan. Within seven days of admission, the nurse shall also collaborate with~~  
35                   ~~social services staff in assessing discharge potential and shall coordinate assessments with social~~  
36                   ~~services, dietetic, and activity staff. These assessments shall form the basis of the interdisciplinary care~~  
37                   ~~plan prescribed by Section 5.7.~~

38                   ~~5.2.1 The continuing assessment shall at all times reflect resident status.~~

- 1           ~~5.2.2 The assessment shall be updated at least at three month intervals, but in any event whenever a~~  
2           ~~significant change of resident condition occurs.~~
- 3           ~~5.2.3 The current resident assessment shall be a part of the resident's health record and available for~~  
4           ~~all direct care staff to use.~~
- 5   ~~5.3 NURSING CARE PLANNING. A licensed nurse shall prepare an individualized nursing care plan for each~~  
6   ~~resident based on the resident assessment prescribed by Section 5.2 and applicable physician~~  
7   ~~treatment orders. The purpose of the care plan is to create an individualized tool for carrying out~~  
8   ~~preventive, therapeutic, and rehabilitative nursing care.~~
- 9           ~~5.3.1 Within 24 hours of admission, nursing staff shall prepare and implement a preliminary nursing~~  
10          ~~care plan to meet each resident's immediate needs.~~
- 11          ~~5.3.2 Within one week of admission, nursing staff shall prepare and implement a comprehensive~~  
12          ~~nursing care plan for each resident.~~
- 13          ~~5.3.3 The plan shall meet each resident's unique needs, problems, and strengths by identifying resident~~  
14          ~~strengths, needs, and problems; specifying care interventions to capitalize on the strengths and~~  
15          ~~meet those needs or problems; and defining the frequency of each intervention.~~
- 16          ~~5.3.4 The nursing care plan shall be current and evaluated and revised following each assessment and~~  
17          ~~whenever the resident's condition changes.~~
- 18   ~~5.4 SOCIAL SERVICES CARE PLANNING. Social services staff shall assess social services needs within one~~  
19   ~~week of admission and develop a social services care plan to meet each resident's needs.~~
- 20   ~~5.5 ACTIVITIES CARE PLANNING. Activities staff shall assess activities needs within one week of admission~~  
21   ~~and shall develop an activities care plan to meet each resident's needs.~~
- 22   ~~5.6 NUTRITIONAL CARE PLANNING.~~
- 23           ~~(a) The Dietary supervisor or consultant shall prepare an initial nutritional history and assessment for~~  
24           ~~each resident within two weeks of admission that includes special needs, likes and dislikes,~~  
25           ~~nutritional status, and need for adaptive cutlery and dishes and develop a plan of care to meet~~  
26           ~~these needs.~~
- 27           ~~(b) In the event the facility elects to utilize paid feeding assistants or feeding assistant volunteers~~  
28           ~~pursuant to Part 11.001 of this Chapter V, as part of the history and assessment conducted~~  
29           ~~pursuant to paragraph (a) of this 5.6, the interdisciplinary team shall evaluate each resident~~  
30           ~~regarding the suitability of the resident to be fed and hydrated by a feeding assistant. Such~~  
31           ~~evaluation shall include, but need not be limited to each resident's level of care, functional~~  
32           ~~status concerning feeding and hydration, and, the resident's ability to cooperate and~~  
33           ~~communicate with staff.~~
- 34   ~~5.7 INTERDISCIPLINARY CARE PLANNING. Within two weeks of admission, an interdisciplinary long term~~  
35   ~~care facility staff team shall develop a personalized overall care plan for each resident based on the~~  
36   ~~resident assessments and applicable physician orders.~~
- 37           ~~5.7.1 The overall care plan shall contain a list of resident problems and the discipline that will address~~  
38           ~~each problem in its own more detailed plan of care.~~
- 39           ~~5.7.2 The overall care plan shall be evaluated according to the goals set out in the plan, following each~~  
40           ~~assessment and whenever the resident's condition changes.~~

1           ~~5.7.3 The interdisciplinary team shall consist of representatives of resident services inside and outside~~  
2           ~~the facility, as appropriate, including at least nursing, social services, activities, and dietetic~~  
3           ~~staff. Other persons, such as medical, pharmacy, and special therapies, shall be included as~~  
4           ~~appropriate. Residents and their representatives shall be invited to participate in care planning.~~  
5           ~~Refusal to participate shall be documented.~~

## 6 ~~Part 6. MEDICAL CARE SERVICES~~

7 ~~6.1 PHYSICIAN CARE. Each facility resident shall be admitted to the facility by a physician and have the~~  
8 ~~benefit of continuing health care under supervision of a physician. The facility shall have written policies~~  
9 ~~developed by the medical advisor to coordinate and designate responsibility when more than one~~  
10 ~~physician is treating a resident. [See Part 26 exceptions]~~

11 ~~6.1.1 The facility shall take all necessary steps to assure that upon admission, the physician provides to~~  
12 ~~the facility sufficient information to validate the admission and identify the resident and a~~  
13 ~~medical plan of therapy to include diet, medications, treatments, special procedures, activities,~~  
14 ~~specialized rehabilitative services, if applicable, and potential for discharge.~~

15 ~~6.1.2 The facility shall take all necessary steps to assure that the admitting physician provides to the~~  
16 ~~facility on admission the anticipated schedule of visits to meet resident needs, which shall be no~~  
17 ~~less often than every 6 months. Acknowledgement of the visit schedule by the resident or~~  
18 ~~authorized representative shall be documented in the health record.~~

19 ~~6.1.3 The facility shall take all necessary steps to assure that telephone orders are received by a~~  
20 ~~physician, licensed nurse or other appropriate disciplines as authorized by their professional~~  
21 ~~licensure and are countersigned by the attending physician or dentist and entered in the record~~  
22 ~~within 2 weeks.~~

23 ~~6.1.4 The facility shall take all necessary steps to assure that the attending physician authenticates~~  
24 ~~medical histories and physical examinations completed by other authorized personnel.~~

25 ~~6.1.5 The facility shall take all necessary steps to assure that a licensed dentist authenticates dental~~  
26 ~~examinations and dental histories completed by other authorized personnel and signs dental~~  
27 ~~treatment records.~~

28 ~~6.1.6 The facility shall take all necessary steps to assure that the attending physician writes a progress~~  
29 ~~note following each visit, and at least once per year provides a written evaluation of the~~  
30 ~~resident's current medical status compared to the previous year's status.~~

31 ~~6.1.7 The facility shall take all necessary steps to assure that all drugs and therapies ordered by the~~  
32 ~~physician are supported by diagnoses indicating the use of these drugs and therapies.~~

33 ~~6.2 MEDICAL DIRECTOR. The facility shall retain by written agreement a physician to serve as medical~~  
34 ~~director to the facility.~~

35 ~~6.2.1 The medical director is responsible for overall coordination of medical care in the facility and for~~  
36 ~~systematic review of the quality of the health care provided by the facility and the medical~~  
37 ~~services provided by the physicians in the facility. The medical director shall develop policies~~  
38 ~~and procedures for medical care and for the physicians admitting residents to the facility.~~

39 ~~6.2.2 The medical director is responsible to:~~

40           ~~(1) be a liaison between the facility and admitting physicians on matters related to attendance~~  
41           ~~on residents, prompt writing of orders, and responding to requests by facility staff;~~

- 1           ~~(2) advise in developing and reviewing resident care policies;~~
- 2           ~~(3) establish rules governing conduct of physicians admitting residents to the facility;~~
- 3           ~~(4) develop a procedure to provide care in emergencies when a resident's physician is~~  
4           ~~unavailable;~~
- 5           ~~(5) review accidents and hazards; and~~
- 6           ~~(6) participate in pharmacy advisory committee deliberations.~~

## 7 ~~Part 7. NURSING SERVICES~~

8 ~~7.1 ORGANIZATION. The facility shall have a department of nursing services that is formally organized to~~  
9 ~~provide complete, effective care to each resident. The facility shall clearly define qualifications,~~  
10 ~~authority, and responsibility of nursing personnel in written job descriptions.~~

11 ~~7.2 DIRECTOR OF NURSING. Except as provided in Section 7.6, a nursing care facility shall employ a full-~~  
12 ~~time (40 hours/week) Director of Nursing, who is a registered nurse, qualified by education and~~  
13 ~~experience to direct facility nursing care.~~

14 ~~7.3 24-HOUR NURSING COVERAGE. The facility shall be staffed with qualified nursing personnel, awake and~~  
15 ~~on duty, who are familiar with the residents and their needs in a number sufficient to meet resident~~  
16 ~~functional dependency, medical, and nursing needs.~~

17 ~~7.3.1 Staff shall be sufficient in number to provide prompt assistance to persons needing or potentially~~  
18 ~~needing assistance, considering individual needs such as the risk of accidents, hazards, or~~  
19 ~~other untoward events. Staff shall provide such assistance.~~

20 ~~7.3.2 Except as provided in Section 7.6, a nursing care facility shall be staffed at all times with at least~~  
21 ~~one registered nurse who is on duty on the premises. Each resident care unit shall be staffed~~  
22 ~~with at least a licensed nurse.~~

23 ~~7.3.3 Except as provided in Section 7.6, an intermediate care facility shall be staffed with at least one~~  
24 ~~full time licensed registered nurse or licensed practical nurse who is on duty on the premises on~~  
25 ~~the day shift seven days per week. A facility using a licensed practical nurse as a director of~~  
26 ~~nursing shall provide at least 4 hours per week of consultation by a licensed registered nurse.~~

27 ~~7.3.4 A nursing care facility shall provide nurse staffing sufficient in number to provide at least 2.0 hours~~  
28 ~~of nursing time per resident per day. In facilities of 60 residents or more, the time of the Director~~  
29 ~~of Nursing, Staff Development Coordinator, and other supervisory personnel who are not~~  
30 ~~providing direct resident care shall not be used in computing this ratio.~~

31 ~~7.3.5 Nursing personnel shall be trained in nursing procedures and responsibilities and shall be familiar~~  
32 ~~with any equipment necessary for care on the unit.~~

33 ~~7.3.6 All nursing assistants and other nursing personnel shall function under the direction of a~~  
34 ~~registered nurse.~~

35 ~~7.3.7 If a long term care facility operates out of more than one building, it shall have staff on duty 24~~  
36 ~~hours per day in each building in a number sufficient to meet resident care needs.~~

37 ~~7.4 WRITTEN PROCEDURES. The facility shall have written nursing procedures establishing the standards of~~  
38 ~~performance for safe, effective nursing care of residents and shall assure that they are followed by all~~  
39 ~~nursing staff.~~

- 1           7.4.1 ~~Procedures shall include the requirement that medications be administered in compliance with~~  
2           ~~applicable Colorado law.~~
- 3           7.4.2 ~~The nursing procedures shall be evaluated and revised as necessary, but no less often than~~  
4           ~~annually.~~
- 5       7.5 ~~NURSE STAFF RESPONSIBILITIES.~~ ~~Nursing staff shall participate in resident assessment, resident care~~  
6       ~~planning, and resident nursing care, as prescribed by this Part and Part 5.~~
- 7       7.6 ~~EXCEPTIONS.~~ ~~Nothing contained in this Part shall require any rural long term care facility certified as a~~  
8       ~~Skilled Nursing Facility or an Intermediate Care Facility under Medicaid to employ nursing staff beyond~~  
9       ~~current federal certification requirements. Since federal standards require that nurse staffing be~~  
10       ~~sufficient to meet the total nursing needs of all residents, resident conditions will in all events determine~~  
11       ~~the specific numbers and qualifications of staff that each facility must provide.~~
- 12       7.6.1 ~~A rural facility is one that is located in:~~
- 13               (1) ~~a county of fewer than fifteen thousand population; or~~
- 14               (2) ~~a municipality of fewer than fifteen thousand population that is located ten miles or more~~  
15               ~~from a municipality of fifteen thousand population or over; or~~
- 16               (3) ~~the unincorporated part of a county ten miles or more from a municipality of fifteen thousand~~  
17               ~~population or more.~~
- 18       7.6.2 ~~To the extent that these regulations require any facility to employ a registered nurse more than 40~~  
19       ~~hours per week, the Department may waive such requirements for such periods as it deems~~  
20       ~~appropriate if, based on findings consistent with Part 4 of chapter II of these regulations it~~  
21       ~~determines that:~~
- 22               (1) ~~The facility is located in a rural area as defined in Subsection 7.6.1;~~
- 23               (2) ~~The facility has at least one full time registered nurse who is regularly on duty 40 hours per~~  
24               ~~week;~~
- 25               (3) ~~The facility has only residents whose attending physicians have indicated in orders or~~  
26               ~~admission notes that each resident does not require the services of a registered nurse~~  
27               ~~for a 48 hour period or the facility has made arrangements for a professional nurse or~~  
28               ~~physician to spend such time at the facility as is determined necessary by the resident's~~  
29               ~~attending physician to provide needed services on days when the regular full-time~~  
30               ~~registered nurse is not on duty; and~~
- 31               (4) ~~The facility has made and continues to make a good faith effort to comply with the more~~  
32               ~~than 40 hour registered nurse requirement, but registered nurses are unavailable in the~~  
33               ~~area.~~
- 34       7.7 ~~SUPPLIES AND EQUIPMENT.~~ ~~The facility shall provide the supplies and equipment necessary to conduct~~  
35       ~~the preventive, therapeutic, and rehabilitative nursing program. Equipment includes devices to assist~~  
36       ~~residents to perform activities of daily living.~~
- 37       7.7.1 ~~Equipment shall be maintained in clean and proper functioning condition.~~
- 38       7.7.2 ~~The facility shall provide or assist residents to obtain walkers, crutches, canes, and wheelchairs~~  
39       ~~(with appropriate padding), all of which shall fit residents properly.~~

- 1           ~~7.7.3 Nursing staff shall be trained in rehabilitative nursing procedures, including preventive nursing~~  
2           ~~care measures, and in the proper use of prosthetic devices and equipment.~~
- 3   ~~7.8 CARE POLICIES. The facility shall have written resident care policies approved by the governing body,~~  
4           ~~which staff shall follow.~~
- 5   ~~7.9 RESIDENT SOCIALIZATION. Except where contraindicated by physician order or resident preference,~~  
6           ~~residents shall be dressed, encouraged to be active, be out of bed for reasonable periods of time each~~  
7           ~~day, and encouraged to eat in a dining room.~~
- 8   ~~7.10 MEDICATION ADMINISTRATION. Medications shall be identified as provided in Subsection 16.3.2. Staff~~  
9           ~~shall verify identification of the medication when the medication is prepared as well as when it is~~  
10           ~~administered.~~
- 11           ~~7.10.1 Medications and treatments shall be given only as ordered by a physician.~~
- 12           ~~7.10.2 Medication shall be administered in a form that can be most easily tolerated by the resident.~~  
13           ~~Staff shall not mask the medication or alter its form, through crushing or dissolving or other~~  
14           ~~means, if to do so would be hazardous and not without first informing the resident or~~  
15           ~~responsible party.~~
- 16           ~~7.10.3 Medications that are prepared but unused shall be disposed of in accordance with state law and~~  
17           ~~the facility's written procedures.~~
- 18           ~~7.10.4 All administered medications shall be recorded in the resident's health record, indicating the~~  
19           ~~name, strength, dosage, and mode of administration of the medication, the date and time of~~  
20           ~~administration, and the signature of the person administering the medication.~~
- 21           ~~7.10.5 To encourage independence and prepare residents for discharge, the facility shall permit self-~~  
22           ~~administration of medications in appropriate cases upon the order of the attending physician~~  
23           ~~and under the guidance of a registered or a licensed practical nurse.~~
- 24           ~~7.10.6 If facility policy permits medications to be kept at the bedside, the pharmaceutical advisory~~  
25           ~~committee shall approve such types of medications. The facility shall assure that each such~~  
26           ~~medication is ordered by the physician to be kept at the bedside, it is used properly, use is~~  
27           ~~documented, and it is stored in a secure manner that protects all residents.~~
- 28           ~~7.10.7 Drug reactions and significant medication errors shall be reported within thirty minutes to the~~  
29           ~~resident's physician. A call to the office or answering service does not meet the facility's~~  
30           ~~responsibility to provide emergency care. The resident's condition shall be monitored for 72~~  
31           ~~hours and observations documented in the health record.~~
- 32           ~~7.10.8 If a resident is administered psychoactive medications, he or she shall be evaluated for~~  
33           ~~symptoms of tardive dyskinesia at least every three months.~~
- 34   ~~7.11 RESTRAINTS.~~
- 35           ~~(A) A PHYSICAL RESTRAINT is any manual method or physical or mechanical device,~~  
36           ~~material or equipment attached or adjacent to the resident's body that the individual~~  
37           ~~cannot remove easily which restricts freedom of movement or normal access to one's~~  
38           ~~body.~~
- 39           ~~(B) A CHEMICAL RESTRAINT is anything that is used for discipline or convenience and not~~  
40           ~~required to treat medical symptoms. Any medication that can be used both to treat a~~  
41           ~~medical condition and to alter or control behavior shall be evaluated to determine its~~

1 use for the resident. If a medication is used solely or primarily to treat a medical  
2 condition, it is not a chemical restraint.

3 ~~7.11.1 Linen shall not be used as restraints.~~

4 ~~7.11.2 The facility shall establish written policies and procedures governing the use of physical and  
5 chemical restraints and shall assure that they are followed by all staff members.~~

6 ~~7.11.3 Physical and chemical restraints shall only be used upon the order of a physician and only when  
7 necessary to prevent injury to the resident or others, based on a physical, functional, emotional  
8 and medication assessment.~~

9 ~~7.11.4 Restraints shall not be used for disciplinary purposes, for staff convenience or to reduce the  
10 need for care of residents during periods of understaffing.~~

11 ~~7.11.5 Whenever restraints are used, a call signal switch or similar device within reach or other  
12 appropriate method of communication shall be provided to the resident.~~

13 ~~7.11.6 If the resident needs emergency care, restraints may be used for brief periods to permit medical  
14 treatment to proceed, unless the resident or legal representative has previously made a valid  
15 refusal of the treatment in question. A resident whose unanticipated violent or aggressive  
16 behavior places the resident or others in imminent danger does not have the right to refuse the  
17 use of restraints as long as those restraints are used as a last resort to protect the safety of the  
18 resident or others and use is limited to the immediate episode.~~

19 ~~7.11.7 Residents in physical restraints shall be monitored at least every 15 minutes to assure that the  
20 resident is properly positioned, blood circulation is not restricted, and other resident needs are  
21 met.~~

22 ~~7.11.8 At least every two hours during waking hours, residents shall have the physical restraint  
23 removed and shall have the opportunity to: drink fluids, be toileted, and be exercised, moved, or  
24 repositioned, which activity shall be documented in the health record.~~

25 ~~7.12 SAFETY DEVICES. A safety device such as an alarm, helmet or pillow is used to protect the resident from  
26 injury to self, maintain body alignment, or facilitate comfort. Prior to using any safety device, the facility  
27 shall assess the resident to properly identify the resident's needs and medical symptom/s that the safety  
28 device is being employed to address. The facility shall also evaluate whether any safety device being  
29 used meets the definition of a physical restraint as defined at section 7.11(A).~~

30 ~~7.12.1 Linen shall not be used as safety devices.~~

31 ~~7.12.2 Safety devices shall not be used for disciplinary purposes, for the convenience of staff, or to  
32 reduce the need for care of residents during periods of understaffing.~~

33 ~~7.12.3 The facility shall establish written policies and procedures governing the use of safety devices  
34 and shall assure that they are followed by all staff members.~~

35 ~~7.12.4 If a safety device meets the definition of a restraint, then all regulations under section 7.11 apply.  
36 A registered nurse may order a safety device after assessing and determining the need exists.  
37 Through the nursing assessment, if the need is ongoing, a comprehensive, documented  
38 physical and functional assessment shall be completed no less often than after the first 24  
39 hours, at the end of the week, and monthly thereafter.~~

40 ~~7.12.5 At least every two hours residents with safety devices shall be monitored and such monitoring  
41 shall be documented.~~

~~7.12.6 Residents with safety devices shall have either a call signal switch or similar device within reach or some other appropriate means of communication provided.~~

~~7.13 PHYSICIAN NOTIFICATION. Facility staff shall notify the attending physician promptly in cases of significant change in resident status and any incident or accident involving the resident.~~

## ~~Part 8. SOCIAL SERVICES~~

~~8.1 SOCIAL SERVICES. The facility shall identify, plan care for, and meet the identified emotional and social needs of each resident to enhance resident psycho-social health and well-being.~~

~~8.1.1 Social services staff shall be involved in the pre-admission process, providing input as to appropriateness of placement from a psycho-social perspective, except in emergency admissions. Such involvement may include contact with the prospective resident or family member, or interdisciplinary conferences that consider psycho-social issues as well as medical/nursing criteria.~~

~~8.1.2 Social services staff shall provide for addressing needs of individuals or groups, either directly by staff or by referral to community agencies.~~

~~8.1.3 Social services staff shall assist residents and families in coping with the medical and psycho-social aspects of the resident's illness and disability and the stay in the facility.~~

~~8.1.4 Social services staff shall assist residents in planning, for discharge by coordinating service delivery with the nursing staff and by assessing availability and facilitating use of financial and social support services in the community.~~

~~8.1.5 When services, such as community mental health services, are available in the community to meet special residents' social and emotional needs, social services staff shall provide appropriate referrals to community services.~~

~~8.1.6 Social services staff shall coordinate transfers (other than medical transfers) within and out of the facility and assist residents in adjusting to intra-facility transfers.~~

~~8.1.7 Social services staff shall participate in resident assessment and care planning as prescribed by 5.2, 5.4, and 5.7, and shall provide social services to residents. Staff shall review and update the assessment and care plan at least every six months.~~

~~8.1.8 Social services staff shall record information on social history in the health record and review it at least annually.~~

~~8.1.9 Social services staff shall record progress notes in the resident's health record at least quarterly for the first six months that a resident is in a long-term care facility and at least semi-annually thereafter.~~

~~8.1.10 Social services staff shall participate in developing policies and procedures pertaining to social services in the facility.~~

~~8.1.11 Social services staff shall provide orientation to new residents and their families (including explanation of residents' rights) and assistance to residents and families in raising concerns about resident care.~~

~~8.2 STAFFING. The facility shall employ social services staff qualified as provided in Subsections 8.2.1 and 8.2.2 and sufficient in number to meet the social and emotional needs of the residents.~~

- 1           ~~8.2.1 A qualified social work staff member of a public or private non-profit facility\* is a person who is~~  
2           ~~either:~~
- 3                     ~~(1) A social worker licensed or authorized expressly by state law to practice under supervision~~  
4                     ~~of a licensed social worker; or~~
- 5                     ~~(2) a person with a Master's or Bachelor's Degree in social work; or~~  
6
- 7                     ~~(3) a person with a Master's or Bachelor's Degree in a related human services field who has~~  
8                     ~~monthly consultation from a person meeting the qualifications in subsections 1, or 2.~~  
9                     ~~The consultation shall be sufficient in amount to assist the social work staff to meet~~  
10                    ~~resident needs.~~
- 11           ~~8.2.2 A qualified social work staff member of a for-profit facility\* is a person who is either a social~~  
12           ~~worker licensed or authorized expressly by state law to practice under supervision of a licensed~~  
13           ~~social worker or a person with a Master's or Bachelor's Degree in social work or other human~~  
14           ~~services field who has monthly consultation from a person so licensed or authorized; the~~  
15           ~~consultation shall be sufficient in amount to assist the social work staff to meet resident needs.~~
- 16           ~~8.2.3 Any facility that on the effective date of these regulations employed a person with a high school~~  
17           ~~degree or GED as social services staff may continue to employ that individual with prescribed~~  
18           ~~consultation.~~
- 19           ~~8.2.4 Any facility located in a rural area as defined by subsection 7.6.1 may apply for a waiver under~~  
20           ~~Part 4 of chapter II of the qualifications for a social services staff member under this section if it~~  
21           ~~demonstrates that it has made a good faith effort to hire staff with the required qualifications, but~~  
22           ~~that qualified social services staff are unavailable in the area.~~
- 23   ~~8.3 FACILITIES AND EQUIPMENT. The facility shall provide for social services staff suitable space, equipped~~  
24   ~~with a telephone, for confidential interviews with residents and families. The space shall provide visual~~  
25   ~~and auditory privacy and locked storage for confidential records and be accessible to non-ambulatory~~  
26   ~~persons.~~
- 27   **Part 9. RESIDENT ACTIVITIES**
- 28   ~~9.1 ACTIVITIES PROGRAM. The facility shall offer a program of organized activities that promotes residents'~~  
29   ~~physical, social, mental, and intellectual well-being, encourages resident independence and pursuit of~~  
30   ~~interests, maintains an optimal level of psycho-social functioning, and retains in residents a sense of~~  
31   ~~continuing usefulness to themselves and the community.~~
- 32           ~~9.1.1 Activities shall be broad enough in scope to stimulate participation of all residents, including~~  
33           ~~residents with mental and emotional impairments, but no resident shall be compelled to~~  
34           ~~participate in any activity. Each month, activities shall include at least one from each of the~~  
35           ~~following categories: social/recreational, intellectual, physical, spiritual, and creative.~~
- 36           ~~9.1.2 The facility shall provide individual and group activities designed to meet each resident's~~  
37           ~~individual needs.~~
- 38           ~~9.1.3 Activities staff shall participate in resident assessment and care planning as prescribed by 5.2,~~  
39           ~~5.5, and 5.7, and shall implement activity programs.~~
- 40           ~~9.1.4 The facility shall develop programs to encourage community contact, including use of community~~  
41           ~~volunteers inside the facility and activities for residents outside the facility. The facility shall~~  
42           ~~make reasonable arrangements for transportation for residents to such activities.~~

1 ~~9.1.5 The facility shall provide activities daily, including at least one evening per week. Activities in~~  
2 ~~addition to religious services shall be provided on weekends each week.~~

3 ~~9.1.6 The facility shall post a monthly activities schedule where it is visible to all residents and families~~  
4 ~~indicating date and time of each activity that is open to all residents.~~

5 ~~9.1.7 The facility shall retain activity attendance records, maintained in a location other than the health~~  
6 ~~record.~~

7 ~~9.2 STAFFING. The facility shall employ activities staff sufficient in number to meet resident needs and~~  
8 ~~qualified as either:~~

9 ~~(1) an activity professional certified by the National Certification Council for Activity~~  
10 ~~Professionals as an Activity Director Certified or Activity Consultant Certified;~~

11 ~~(2) an occupational therapist or occupational therapy assistant meeting the requirements for~~  
12 ~~certification by the American Occupational Therapy Association and having at least one~~  
13 ~~year of experience in providing activity programming in a long term care facility;~~

14 ~~(3) a therapeutic recreation specialist (registered by the National Therapeutic Recreation~~  
15 ~~Society) having at least one year of experience in providing activity programming in a~~  
16 ~~long term care facility;~~

17 ~~(4) a person with a Master's or Bachelor's degree in the social or behavioral sciences who has~~  
18 ~~at least one year of experience in providing activity programming in a long term care~~  
19 ~~facility;~~

20 ~~(5) a person who has completed, within a year of employment, a training course for activity~~  
21 ~~professionals in an accredited state facility [if available] and who has at least two years~~  
22 ~~experience in social or recreational program work, at least one year of which was full-~~  
23 ~~time in an activities program in a health care setting; or~~

24 ~~(6) a person with monthly consultation from a person meeting the qualifications set forth in~~  
25 ~~subsections (1) through (5). The consultation shall be sufficient in amount to assist the~~  
26 ~~activity staff members to meet resident needs.~~

27 ~~9.3 RELIGIOUS SERVICES. The facility shall assist residents who are able and wish to do so to attend~~  
28 ~~religious services of their choice. The facility shall honor resident requests to see their clergy and~~  
29 ~~provide private space for such visits.~~

30 ~~9.4 SPACE AND EQUIPMENT. The facility shall make available the supplies, space, and equipment to provide~~  
31 ~~an activities program that meets each resident's individual needs. The facility shall provide an activities~~  
32 ~~and recreation area and provide at least: books, current newspapers, games, stationery, radio, and~~  
33 ~~television.~~

#### 34 ~~Part 10. DENTAL SERVICES~~

35 ~~10.1 DENTAL EXAMINATION. Upon admission, each resident of a facility upon his/her consent or upon the~~  
36 ~~consent of a responsible person, shall have an oral examination by a licensed dentist or an initial oral~~  
37 ~~inspection by a licensed dental hygienist designated by a dentist.~~

38 ~~10.1.1 The facility shall take all necessary steps to assure that the dental examination is conducted~~  
39 ~~according to current dental practice.~~

40 ~~10.1.2 The facility is not responsible to pay for such services.~~

1 ~~10.1.3 If the local dental society provides a list of dentists who are willing to participate, the facility shall~~  
2 ~~make the list available to the residents.~~

3 ~~10.1.4 In lieu of the admission examination, the resident may present written results, for entry into~~  
4 ~~his/her medical record, of an oral examination administered during a period not to exceed six~~  
5 ~~months prior to admission.~~

6 ~~10.2 DENTAL RECORDS. The dentist or the designated dental hygienist is responsible for the dental record.~~  
7 ~~For residents agreeing to participate in the program, the facility shall take all necessary steps to assure~~  
8 ~~that there are complete, accurate dental records that include the following:~~

9 ~~10.2.1 Results of all current dental examinations and plans for treatment.~~

10 ~~10.2.2 One of the following to document provision of planned treatment:~~

11 ~~(1) Record of treatment provided pursuant to a plan for treatment.~~

12 ~~(2) A document signed by each resident of a nursing care facility or responsible party that~~  
13 ~~states that the resident or responsible party is aware of any and all specific oral~~  
14 ~~pathology identified during an oral examination of the resident, but elects not to obtain~~  
15 ~~treatment because of cost or other reasons.~~

16 ~~(3) In the event that the resident or responsible party elects not to obtain the initial oral~~  
17 ~~examination, a signed statement to that effect in the resident's permanent medical~~  
18 ~~record, which substitutes for the dental record requirement.~~

19 ~~10.3 ORAL APPLIANCES. Upon consent, all residents' removable oral appliance and personal hygiene~~  
20 ~~appliances (including without limitation, full dentures, partial dentures, and toothbrushes) shall be clearly~~  
21 ~~identified and marked in a permanent manner with the user's name, as recommended by the dentist~~  
22 ~~designated as advisory dentist to the facility.~~

23 ~~10.4 DENTAL HYGIENE. Each facility shall implement policies for an oral hygiene for its residents, in~~  
24 ~~consultation with the advisory dentist or the designated dental hygienist.~~

25 ~~10.4.1 Direct care staff from each facility shall have at least annual inservice training course in~~  
26 ~~preventive dentistry and oral hygiene, conducted by a dentist, dental hygienist, or preventive~~  
27 ~~dental aide.~~

## 28 **Part 11. DIETARY SERVICES**

29 ~~11.1 DIETARY SERVICES. The facility shall provide meals that are nutritious, attractive, well balanced, in~~  
30 ~~conformity with physician orders, and served at the appropriate temperature in order to enhance~~  
31 ~~residents' health and well being. It shall also offer nourishing snacks.~~

32 ~~11.2 ORGANIZATION. The facility shall have an organized food service, appropriately planned, equipped, and~~  
33 ~~staffed to prepare and serve the number of meals created in the kitchen. The facility shall offer at least~~  
34 ~~three meals or their equivalent per day, at regular times, with not more than 14 hour between the~~  
35 ~~beginning of the evening meal and breakfast. Routine seatings shall be no later than 8 A.M. for~~  
36 ~~breakfast and no earlier than 5 P.M. for the evening meal. Timing of meals shall generally comport with~~  
37 ~~cultural practices in the community, unless inconsistent with these regulations.~~

38 ~~11.3 PERSONNEL. The administrator shall designate a dietician or person qualified by training and experience~~  
39 ~~to be responsible for the dietary services.~~  
40

- 1           ~~11.3.1 If not a professional dietician, the designee shall obtain frequent regularly scheduled~~  
2           ~~consultation from a registered dietician or a person eligible for registration who meets the~~  
3           ~~American Dietetic Association's qualifications standards or a graduate from a baccalaureate~~  
4           ~~degree program with major studies in food and nutrition.~~
- 5           ~~11.3.2 The number of trained food service personnel shall be sufficient to provide food service to the~~  
6           ~~residents in the facility over a period of 12 hours or more per day.~~
- 7   ~~11.4 POLICIES. The facility shall have written policies and procedures approved by the governing body for~~  
8   ~~dietary practices and shall assure that they are followed by staff members.~~
- 9   ~~11.5 ORDERS. All diets and nourishments shall be provided and served as by the attending physician.~~
- 10 ~~11.6 NUTRITIONAL ASSESSMENT AND PROGRESS NOTES. The dietary supervisor consultant shall~~  
11 ~~participate, in resident, assessment and care planning as prescribed by 5.2, 5.6, and 5.7.~~
- 12           ~~11.6.1 The supervisor or consultant shall write progress notes on each resident at least at six month~~  
13           ~~intervals.~~
- 14           ~~11.6.2 The facility shall reasonably accommodate individual resident references in meals by offering~~  
15           ~~appropriate and nutritionally adequate substitutes. (See Section 5.1.13(4).)~~
- 16 ~~11.7 DIET MANUAL. The facility shall maintain a current diet manual conveniently available to the dietary and~~  
17 ~~nursing staffs. For purposes of this section, current means initially published or revised within five years.~~
- 18 ~~11.8 MENU. Menus shall meet the requirements of the Dietary Guidelines for Americans, 2005, U.S.~~  
19 ~~Department of Health and Human Services and U.S. Department of Agriculture, 6th Edition. Menus~~  
20 ~~shall be written, approved by a dietitian and planned at least one week in advance, with consideration~~  
21 ~~given to residents' personal tastes, desires, and cultural patterns. Menus shall be posted in the kitchen~~  
22 ~~area and retained by the facility for at least four weeks after the menu is used. If menus are changed, all~~  
23 ~~changes shall be posted as served. A standard meal planning guide shall be used primarily for menu~~  
24 ~~planning and food purchasing. It is not intended to meet the nutritional needs of all residents. This guide~~  
25 ~~shall be adjusted to consider individual differences since residents may have different nutritional needs~~  
26 ~~based upon age, size, gender, physical activity, and state of health. There are many meal planning~~  
27 ~~guides from reputable sources; i.e., American Diabetes Association, American Dietetic Association,~~  
28 ~~American Medical Association, or U.S. Department of Agriculture, that are available and appropriate for~~  
29 ~~use when adjusted to meet each resident's needs. Recipes appropriate to the menus and needs of the~~  
30 ~~facility shall be available to the cooks.~~
- 31 ~~11.9 SPACE. The facility shall provide adequate space to accommodate fixed and movable equipment and~~  
32 ~~employee functions; receive, store, refrigerate, and prepare food; assemble trays; store carts; and clean~~  
33 ~~dishes, pots, and pans.~~
- 34 ~~11.10 REFRIGERATOR SAFETY. Walk-in refrigerators and freezers shall have inside lighting and inside lock~~  
35 ~~releases. In facilities constructed after the effective date of these regulations, there shall be an alarm~~  
36 ~~system that is clearly audible throughout the food preparation and storage areas of the facility and that~~  
37 ~~may be readily activated by staff members from within walk-in refrigerators or freezers.~~
- 38 ~~11.11 EQUIPMENT. The facility shall provide equipment sufficient in amount, adequate in type for efficient and~~  
39 ~~timely preparation of meals.~~
- 40 ~~11.12 STORAGE OF DISHES AND GLASSES. Clean glasses, cups, and other dishes shall not be stored in~~  
41 ~~such a manner as to entrap moisture.~~

1 ~~11.13 ISOLATION. Dishes and utensils with which food is served to residents in isolation because of infectious~~  
2 ~~diseases shall be sanitized if they are contaminated with infectious material such as blood drainage or~~  
3 ~~secretions or shall be disposable.~~

4 ~~11.14 MILK. Milk for drinking shall be provided to consumers in an unopened, commercially filled container not~~  
5 ~~exceeding a one pint capacity, or drawn from a commercially filled container stored in a mechanically~~  
6 ~~refrigerated bulk milk dispenser, or poured directly into the drinking vessel from a commercially filled~~  
7 ~~half-gallon or gallon container that has been refrigerated until served to maintain a temperature of 45~~  
8 ~~degrees FAHRENHEIT or less.~~

9 ~~11.15 NAIL POLISH AND FALSE NAILS. Staff involved in preparing and serving food shall not wear nail polish~~  
10 ~~or false nails.~~

11 ~~11.16 DINING AND RECREATIONAL FACILITIES. Dining and recreation areas shall be readily accessible to~~  
12 ~~all residents, and shall not be in a hallway or lane of traffic in or out of the facility. Such space shall be~~  
13 ~~sufficient to accommodate activities conducted there, consistent with resident comfort and safety. The~~  
14 ~~dining and recreation areas may be separate or combined.~~

## 15 ~~Part 11.001. FEEDING ASSISTANTS~~

16 ~~11.001.1 Definitions.~~

17 ~~Unless otherwise indicated, as used in Part 11.001:~~

18 ~~(4)~~

19 ~~(a) "Feeding assistant" means an individual who assists residents by performing feeding assistant~~  
20 ~~tasks, meets the requirements of Section 11.001.2 and 11.001.3; and, is paid as an employee~~  
21 ~~of a facility; used by a facility under arrangement with another agency or organization; or, who is~~  
22 ~~an unpaid volunteer.~~

23 ~~(b) The following individuals may provide feeding assistance to residents without meeting the~~  
24 ~~requirements of section 11.001.2 and 11.001.3:~~

25 ~~(i) Registered or licensed nurses;~~

26 ~~(ii) Certified nurse aides;~~

27 ~~(iii) Registered dietitians;~~

28 ~~(iv) Licensed health care practitioners with appropriate experience in feeding and hydrating~~  
29 ~~residents;~~

30 ~~(v) Private duty aides and students in nursing education programs and other allied health~~  
31 ~~programs~~

32 ~~who utilize facilities as clinical practice sites; or,~~

33 ~~(vi) Resident family members.~~

34 ~~(2) "Employing facility" means a facility that employs paid feeding assistants or utilizes the services of volunteer~~  
35 ~~feeding assistants.~~

1 ~~(3) "Feeding assistant tasks" include and are limited to the provision of feeding and hydration services provided~~  
2 ~~in accordance with this Section 11.001. A feeding assistant may not perform or be assigned to perform~~  
3 ~~any task that constitutes: the practice of professional nursing as defined in §12-38-103 (10), C.R.S.; the~~  
4 ~~practice of practical nursing as defined in §12-38-103 (9), C.R.S.; or the practice of a nurse aide as~~  
5 ~~defined in §12-38-1-102 (5), C.R.S.~~

6 ~~(4) "Training program provider" means, an employing facility or other training entity approved by the~~  
7 ~~department pursuant to 11.001.6 to administer a feeding assistant training program.~~

#### 8 11.001.2 Authorization; Qualifications

9 ~~(1) A facility may employ or use an individual as a volunteer feeding assistant if: the individual meets all~~  
10 ~~applicable requirements of this Chapter V; and, the facility first verifies that the individual:~~

11 ~~(a) Has successfully completed a feeding assistant training program in accordance with 11.001.5; and,~~

12 ~~(b) Is at least sixteen 16 years of age.~~

13 ~~(2)~~

14 ~~(a) An employing facility must screen prospective feeding assistants to ensure individuals have no~~  
15 ~~history that would preclude their interaction with residents.~~

16 ~~(b) In addition to applicable facility pre-employment screening procedures, an employing facility shall~~  
17 ~~obtain from each prospective paid and volunteer feeding assistant a copy of the recognition of~~  
18 ~~completion document evidencing successful completion of the feeding assistant training~~  
19 ~~program issued in accordance with 11.001.5 (1)(b)(II). Additionally, an employing facility shall~~  
20 ~~verify the following:~~

21 ~~(I) In the case of an individual who has not previously been employed or volunteered as a~~  
22 ~~feeding assistant and who has received feeding assistant training administered by an~~  
23 ~~entity other than the employing facility, successful completion of the feeding assistant~~  
24 ~~training program with the training entity that provided such training;~~

25 ~~(II) In the case of an individual who has been previously employed as a feeding assistant,~~  
26 ~~feeding assistant employment history with the prospective employee's previous long-~~  
27 ~~term care facility employer;~~

28 ~~(III) In the case of an individual who has previously volunteered as a feeding assistant, feeding~~  
29 ~~assistant volunteer history with the long-term care facility that previously utilized the~~  
30 ~~services of that individual.~~

31 ~~(3) Feeding assistants may not be counted toward meeting or complying with any requirement for nursing care~~  
32 ~~staff and functions of a facility, including minimum nurse staffing requirements.~~

#### 33 11.001.3 Supervision; emergencies

34  
35 ~~(1) A feeding assistant shall work under the supervision of and shall report to a registered or licensed practical~~  
36 ~~nurse. Each feeding assistant shall be given instruction by a registered nurse, licensed practical nurse~~  
37 ~~or registered dietitian concerning the specific feeding and hydration needs of each resident the feeding~~  
38 ~~assistant will be assigned to assist.~~

39 ~~(2)~~

- 1           ~~(a) Feeding assistants may perform feeding assistant tasks in congregate dining areas. A nurse shall~~  
2           ~~be immediately available in case of an emergency during meals.~~
- 3           ~~(b) Upon a determination by the charge nurse pursuant to 11.001.4 that it is safe to do so, based on~~  
4           ~~assessments conducted pursuant to 11.001.4(1), a feeding assistant may perform feeding~~  
5           ~~assistant tasks in a resident room for a resident who is unable or unwilling to dine in a~~  
6           ~~congregate dining area.~~
- 7   ~~(3) In an emergency, a feeding assistant must immediately secure the assistance of a supervisory nurse or~~  
8           ~~physician. Feeding assistants shall know how to use resident call systems. This includes use of call light~~  
9           ~~systems and other methods of immediately securing the assistance of supervisory nurses and~~  
10           ~~physicians.~~
- 11   11.001.4 Resident Selection
- 12   ~~(1) The facility must base resident selection on the charge nurse's assessment of the resident's present~~  
13   ~~condition and the following provisions of this Chapter V:~~
- 14           ~~(a) Most recent resident assessment performed pursuant to Section 5.2;~~
- 15           ~~(b) Nutritional care plan developed pursuant to Section 5.6; and;~~
- 16           ~~(c) Plan of care developed pursuant to Section 5.7.~~
- 17   ~~(2) A feeding assistant may perform feeding assistant tasks for those residents who require assistance or~~  
18   ~~encouragement with feeding and hydration. Consistent with the assessments and care plans specified~~  
19   ~~in (1) of this section 11.001.4, a facility must ensure that a feeding assistant feeds only residents who do~~  
20   ~~not have a complicated feeding problem. Such problems include, but are not limited to, difficulty with~~  
21   ~~swallowing, recurrent lung aspirations, and tube or parenteral/ intravenous feedings.~~
- 22   11.001.5 Feeding Assistant Training Program
- 23   ~~(1)~~
- 24           ~~(a) The feeding assistant training program shall be administered by a training program provider~~  
25           ~~approved in accordance with 11.001.6 and shall consist of not less than twelve (12) actual clock~~  
26           ~~hours of classroom instruction. Class size shall be limited to twenty (20) enrollees. Classroom~~  
27           ~~instruction shall be conducted in accordance with current standards of practice and shall~~  
28           ~~conform to the "Feeding Assistant Curriculum Specifications and Program Requirements"~~  
29           ~~available from the department. Curriculum subjects shall include, but need not be limited to, the~~  
30           ~~following:~~
- 31           ~~(I) Feeding techniques;~~
- 32           ~~(II) Assistance with feeding and hydration;~~
- 33           ~~(III) Communication and interpersonal skills;~~
- 34           ~~(IV) Appropriate responses to resident behavior;~~
- 35           ~~(V) Safety and emergency procedures, including the Heimlich maneuver;~~
- 36           ~~(VI) Infection control;~~
- 37           ~~(VII) Resident rights; and,~~

1 ~~(VIII) Recognizing changes in residents that are inconsistent with their normal behavior and the~~  
2 ~~importance of reporting those changes to the supervisory nurse.~~

3 (b)

4 ~~(I) Successful completion of the feeding assistant training program requires each individual~~  
5 ~~enrolled to obtain a score of eighty (80) percent or greater in a written examination~~  
6 ~~provided at the conclusion of classroom instruction. Written examination questions shall~~  
7 ~~be of an appropriate level of difficulty to reflect proficiency in each module of the~~  
8 ~~"Feeding Assistant Curriculum Specifications and Program Requirements" and, at the~~  
9 ~~discretion of the training program provider, may include ancillary feeding assistant-~~  
10 ~~related curriculum subjects. Written examination questions shall not be disclosed to~~  
11 ~~candidates in advance and shall be varied in format and content from test to test.~~

12 ~~(II) Within ten (10) calendar days from successful completion of a feeding assistant training~~  
13 ~~program, a training program provider approved in accordance with 11.001.6 shall~~  
14 ~~furnish each individual who successfully completes the program with a uniform~~  
15 ~~recognition of completion document. Said document shall be in the format designated~~  
16 ~~by and available from the department to be used by the individual to whom it is issued~~  
17 ~~for the purpose of establishing successful completion of the training program. The~~  
18 ~~document shall bear the notarized signature of an authorized representative of the~~  
19 ~~training program provider.~~

20 ~~(III) An individual who successfully completes a feeding assistant training program is not~~  
21 ~~required to repeat the program upon employment or upon providing volunteer feeding~~  
22 ~~assistant services at another facility unless the individual has not worked or volunteered~~  
23 ~~in a long term care facility as a feeding assistant for a period of twenty four (24)~~  
24 ~~consecutive months. In such case, the individual shall not be employed or used as a~~  
25 ~~volunteer feeding assistant by a facility as a paid feeding assistant until the person~~  
26 ~~successfully repeats the feeding assistant training program.~~

27 (c) ~~An individual who fails to score eighty (80) percent or greater in the written knowledge test may be~~  
28 ~~retested one time by a training program provider. An individual who fails to pass on the second~~  
29 ~~attempt shall not be retested without the individual first repeating the twelve (12) actual clock~~  
30 ~~hours of classroom instruction specified in subparagraph (1) (a) of this section.~~

#### 31 11.001.6 Feeding Assistant Training Program Provider Approval

32 ~~(1) A feeding assistant training program may be administered by an employing facility or other training entity~~  
33 ~~approved pursuant to this 11.001.6. As used in this 11.001.6, "other training entity" includes: an~~  
34 ~~accredited college, university or vocational school; or, a program, seminar or in-service training~~  
35 ~~sponsored by an organization, association, corporation, group or agency with specific expertise~~  
36 ~~concerning the provision of feeding and hydration services.~~

37 ~~(2) Feeding assistant training programs shall use as instructors only individuals who have appropriate~~  
38 ~~experience in feeding and hydrating residents and who hold: a valid Colorado license to practice as a~~  
39 ~~registered or practical nurse; a certificate of registered dietitian through the commission on dietetic~~  
40 ~~registration; a certificate of speech language pathologist through the American speech language-~~  
41 ~~hearing association; or, a certificate of registered occupational therapist through the national board for~~  
42 ~~certification in occupational therapy.~~

43 (3)

44 (a) ~~An employing facility or other training entity seeking approval to administer a feeding assistant~~  
45 ~~training program shall complete and submit to the department an initial attestation in the format~~

1 designated by the department certifying that the feeding assistant training program conforms to  
2 the "Feeding Assistant Curriculum Specifications and Program Requirements." Program  
3 approval may be granted, for a period not to exceed one year to those programs that meet  
4 minimum requirements. Department approval is required prior to initiating feeding assistant  
5 training.

6 (b) A training program provider approved to administer a feeding assistant training program pursuant to  
7 this section shall submit annual renewal attestation forms in the format designated by the  
8 department in the following manner:

9 (I) For employing facilities, annually with the facility's annual license renewal application.

10 (II) For other training entities, not less than sixty (60) days in advance of the date department  
11 approval expires.

12 (4) Training program providers approved to administer a feeding assistant training program shall maintain the  
13 training record of each individual who attends the feeding assistant training program for a period of not  
14 less than three (3) years. Based on such records, training program providers shall verify successful  
15 completion of the feeding assistant training program pursuant to a request by an employing facility in  
16 accordance with 11.001.2 (2)(b) (I).

17 (5) The department may deny, suspend, or withdraw approval granted under this 11.001.6 upon a  
18 determination by the department that good cause exists to do so. Good cause may include, but is not  
19 limited to, a determination that a feeding assistant training program is not operated in compliance with  
20 applicable regulations.

#### 21 11.001.7 Policies and Procedures

22 An employing facility shall develop and implement policies and procedures concerning the use of paid feeding  
23 assistants developed in accordance with this section.

#### 24 11.001.8 Records Maintenance

25 (4)

26 (a) An employing facility shall maintain a record of all individuals employed as feeding assistants and all  
27 individuals who serve as volunteer feeding assistants, including but not limited to records  
28 evidencing successful training program completion. Such records shall be maintained for not  
29 less than three (3) years from the date of separation or completion of volunteer service.

30 (b) Based on such records, a facility shall verify previous feeding assistant employment and volunteer  
31 history pursuant to a request by an employing facility in accordance with 11.001.2 (2)(b) (II).

#### 32 11.001.9 Reporting Requirements

33 (1) Periodically, facilities and training program providers may be required to submit information regarding their  
34 feeding assistant program and feeding assistant training program. Such reports may include, but not be  
35 limited to:

36 (a) The number of feeding assistants routinely utilized by the facility to assist residents;

37 (b) The number of residents identified as benefiting from the feeding assistant program; and,

38 (c) Information concerning the feeding assistant training program administered by the training program  
39 provider.

1 **Part 12. RESIDENTS' RIGHTS**

2 ~~12.1 RESIDENTS' RIGHTS. The facility shall adopt a statement of the rights and responsibilities of their~~  
3 ~~residents, post it conspicuously in a public place, and provide a copy to each resident or guardian~~  
4 ~~before admission. The facility and staff shall observe these rights in the care, treatment, and supervision~~  
5 ~~of the residents. Rights shall include at least:~~

6 ~~12.1.1 The right to receive adequate and appropriate health care consistent with established and~~  
7 ~~recognized practice standards within the community and with long-term care facility rules issued~~  
8 ~~by the Department;~~

9 ~~12.1.2 The right to civil and religious liberties, including:~~

10 ~~(1) Knowledge of available choices and the right to independent personal decisions, which will~~  
11 ~~not be infringed upon;~~

12 ~~(2) The right to encouragement and assistance from the staff of the facility in the fullest~~  
13 ~~possible exercise of these rights;~~

14 ~~(3) The right to vote;~~

15 ~~(4) The right to participate in activities of the community both inside and outside the facility;~~

16 ~~12.1.3 The right to present grievances on behalf of him/herself or others to the facility's staff or~~  
17 ~~administrator, to governmental officials, or to any other person, without fear of reprisal, and to~~  
18 ~~join with other patients or individuals within or outside of the facility to work for improvements in~~  
19 ~~resident care, including:~~

20 ~~(1) The right to participate in the resident council;~~

21 ~~(2) The right to be informed of the address and telephone number for the Department and the~~  
22 ~~state and local Nursing Home Ombudsman; the facility shall post these numbers~~  
23 ~~conspicuously;~~

24 ~~12.1.4 The right to manage his or her own financial affairs or to have a quarterly accounting of any~~  
25 ~~financial transactions made in his or her behalf, should the resident delegate such responsibility~~  
26 ~~to the facility for any period of time;~~  
27

28 ~~12.1.5 The right to be fully informed, in writing, prior to or at the time of admission and during his or her~~  
29 ~~stay, of services available in the facility and of related charges, including charges for services~~  
30 ~~not covered under Medicare or Medicaid or not covered by the basic per diem rate;~~

31 ~~12.1.6 The right to be adequately informed of his or her medical condition and proposed treatment~~  
32 ~~unless otherwise indicated by his or her physician, and to participate in the planning of all~~  
33 ~~medical treatment, including:~~

34 ~~(1) The right to refuse medication and treatment, unless otherwise indicated by his or her~~  
35 ~~physician, and to know the consequences of such actions;~~

36 ~~(2) The right to participate in discharge planning; and~~

37 ~~(3) The right to review and obtain copies of his or her medical records in accordance with Part~~  
38 ~~5 of chapter II of these regulations.~~

1                   ~~(4) For residents whose primary language is other than English, the facility shall arrange for~~  
2                   ~~persons speaking the resident's language to facilitate daily communications and to~~  
3                   ~~attend assessment and care planning conferences in order to allow the resident to~~  
4                   ~~participate in those activities. This section does not require a translator to be present~~  
5                   ~~daily as long as the resident is enabled to engage in necessary daily communication~~  
6                   ~~within the facility.~~

7                   ~~(5) For residents with sensory impairments that inhibit daily communication, the facility shall~~  
8                   ~~provide assistance so that they may participate in care and activities of daily living.~~

9                   ~~12.1.7 The right to have private and unrestricted communications with any person of his or her choice;~~  
10                   ~~including~~

11                   ~~(1) The right to privacy for telephone calls.~~

12                   ~~(2) The right to receive mail unopened;~~

13                   ~~(3) The right to private consensual sexual activity;~~

14                   ~~12.1.8 The right to be free from mental and physical abuse and from physical and chemical restraints,~~  
15                   ~~except those restraints initiated through the judgment of professional staff for a specified and~~  
16                   ~~limited period of time or on the written authorization of a physician;~~

17                   ~~12.1.9 The right to freedom of choice in selecting a health care facility;~~

18                   ~~12.1.10 The right of copies of the facility's rules and regulations, including a copy of these rights, and~~  
19                   ~~an explanation of his or her rights and responsibility to obey all reasonable rules and regulations~~  
20                   ~~of the facility and to respect the personal rights and private property of the other patients;~~

21                   ~~(1) If the resident does not speak English, the right to an explanation of rights and~~  
22                   ~~responsibilities in a language the resident can understand; and~~

23                   ~~(2) The right to see facility policies, upon request, and state survey reports on the facility;~~  
24

25                   ~~12.1.11 The right to be transferred or discharged only for medical reasons or his or her welfare, or that~~  
26                   ~~of other residents, or for nonpayment for his or her stay, not for raising concerns or complaints,~~  
27                   ~~and the right to be given reasonable advance notice of any transfer or discharge, except in the~~  
28                   ~~case of an emergency as determined by professional staff, in accordance with the transfer~~  
29                   ~~procedures prescribed by Section 12.6;~~

30                   ~~12.1.12 The right to have privacy in treatment and in caring for personal needs, confidentiality in the~~  
31                   ~~treatment of personal and medical records, and security in storing and using personal~~  
32                   ~~possessions;~~

33                   ~~12.1.13 The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive~~  
34                   ~~a written statement of the services provided by the facility, including those required to be offered~~  
35                   ~~on an as-needed basis;~~

36                   ~~12.1.14 The right of any person eligible to receive Medicaid to select any long-term care facility certified~~  
37                   ~~for participation in Medicaid where space is available.~~

38                   ~~12.2 DEVOLUTION OF RIGHTS. The rights of a Long-term care resident who is adjudicated incompetent~~  
39                   ~~under state Law devolve to the resident's legal guardian or sponsoring agency, who are responsible to~~  
40                   ~~assure that the resident is provided with adequate, appropriate, and respectful health care and that his~~

1 or her rights are observed. In the case of devolution, the facility shall observe these rights with respect  
2 to the guardian or sponsoring agency.

3 ~~12.3 STAFF TRAINING IN RESIDENTS' RIGHTS.~~ The facility shall provide a copy of the facility's statement of  
4 residents' rights at new employee orientation. Current employees shall be provided a copy of the rights  
5 no later than the first pay period after receipt of these rules. The facility shall train all staff in the  
6 observation and protection of residents' rights. Social services staff shall assist in residents' rights  
7 orientation for new employees.

8 ~~12.4 GRIEVANCE PROCEDURE.~~ The facility shall develop a grievance procedure, which it shall post  
9 conspicuously in a public place, for presentation of grievances by residents, the resident council, or  
10 members of the resident's family regarding any conditions, treatment, or violations of rights of any  
11 resident by the facility or staff (regardless of the consent of the victim of the alleged improper conduct).

12 ~~12.4.1~~ The facility shall designate a full time staff member ("staff designee") to receive all grievances.

13 ~~12.4.2~~ The facility shall establish a grievance committee consisting of the chief administrator or his or  
14 her designee, a resident selected by the facility's residents, and a third person agreed upon by  
15 the administrator and the resident representative.

16 ~~12.4.3~~ Any resident or legal representative, or member of a resident's family or the resident council may  
17 present a grievance to the facility staff designee orally or in writing within 14 days of the incident  
18 giving rise to the grievance.

19 ~~12.4.4~~ The staff designee shall confer with persons involved in the incident and other relevant persons  
20 and within 3 days of receiving the grievance shall provide a written explanation of findings and  
21 proposed remedies to the complainant and the aggrieved party, if other than the complainant,  
22 and legal representative, if any. Where appropriate due to the mental or physical condition of  
23 the complainant or aggrieved party, an oral explanation shall accompany the written one.

24  
25 ~~12.4.5~~ If the complainant or aggrieved party is dissatisfied with the findings and remedies of the staff  
26 designee or their implementation, within 10 days of receiving the designee's explanation, the  
27 complainant or aggrieved party may file the grievance orally or in writing along with any  
28 additional information it wishes to the grievance committee.

29 ~~12.4.6~~ The committee shall confer with persons involved in the incident and other relevant persons,  
30 including the complainant, and within 10 days of the date of the appeal shall provide a written  
31 explanation of its findings and proposed remedies to the complainant and the aggrieved party, if  
32 other than the complainant, and to the legal representative, if any. Where appropriate due to the  
33 mental or physical condition of the complainant, or aggrieved party, an oral explanation shall  
34 accompany the written one.

35 ~~12.4.7~~ If the complainant or aggrieved party is dissatisfied with the findings and remedies of the  
36 grievance committee or their implementation (except for grievances regarding physician or  
37 physician prescribed treatment), the person may file the grievance in writing with the Executive  
38 Director of the Department within 10 days of receipt of the written findings of the grievance  
39 committee. The Department shall then investigate the facts and circumstances of the grievance  
40 and make written findings of fact, conclusions, and recommendations and provide them to the  
41 complainant, aggrieved party, legal representative, if any and the facility administrator.

42 ~~12.4.8~~ If the complainant or facility administrator is aggrieved by the Department's findings and  
43 recommendations, he or she may request, within 30 days of receipt of the findings and  
44 recommendations, a hearing to be conducted by the Department pursuant to C.R.S. 24-4-105.

1 ~~12.5 RESIDENT ADVISORY COUNCIL. Each facility shall establish a resident advisory council consisting of~~  
2 ~~no less than five members selected from the facility's residents.~~

3 ~~12.5.1 The council shall be conducted by residents. It shall have the opportunity to meet without staff~~  
4 ~~present and shall meet at least monthly with the administrator and a staff representative to~~  
5 ~~make recommendations concerning facility policies. Staff shall respond to these suggestions in~~  
6 ~~writing by the next meeting. Minutes of council meetings shall be maintained and posted or~~  
7 ~~otherwise available to residents.~~

8 ~~12.5.2 The council may present grievances to the grievance committee on behalf of residents.~~

9 ~~12.5.3 The council shall elect its officers and establish a process for obtaining views of all facility~~  
10 ~~residents.~~

11 ~~12.6 TRANSFER, DISCHARGE, AND ROOM CHANGE PROCEDURES AND APPEALS.~~

12 ~~12.6.1 Definitions:~~

13 ~~(1) "Discharge" means movement of a resident from a nursing facility to a noninstitutional~~  
14 ~~setting when the discharging facility ceases to be legally responsible for the care of the~~  
15 ~~resident.~~

16 ~~(2) "Transfer" means movement of a resident from a nursing facility to another institutional~~  
17 ~~setting when the legal responsibility for the care of the resident changes from the~~  
18 ~~transferring facility to the receiving facility.~~

19 ~~(3) "Room change" refers to the movement of a resident from one room to another.~~

20 ~~12.6.2 A resident shall not be transferred or discharged unless:~~

21 ~~(1) The transfer or discharge is necessary for the resident's welfare. Facilities that are certified~~  
22 ~~to participate in the Medicaid and/or Medicare reimbursement program must also~~  
23 ~~demonstrate that the resident's needs cannot be met in the facility;~~

24 ~~(2) the transfer or discharge is only for medical reasons. Facilities that are certified to~~  
25 ~~participate in the Medicaid and/or Medicare reimbursement program must also~~  
26 ~~demonstrate that the resident's needs cannot be met in the facility;~~

27 ~~(3) the transfer or discharge is necessary to preserve the welfare of other residents; or~~

28 ~~(4) the resident has failed to pay for (or to have paid under Medicaid or Medicare) a stay at the~~  
29 ~~facility. Facilities that are certified to participate in the Medicaid and/or Medicare~~  
30 ~~reimbursement program must also provide reasonable and appropriate notice of non-~~  
31 ~~payment and its consequences to the resident prior to initiating a transfer or discharge~~  
32 ~~of a resident for reasons of non-payment.~~

33 ~~12.6.3 When the facility transfers or discharges a resident under any of the circumstances specified in~~  
34 ~~12.6.2, the resident's clinical record must be documented. The documentation must be made~~  
35 ~~by:~~

36 ~~(1) the resident's physician when the transfer or discharge is necessary under 12.6.2 (1) and~~  
37 ~~(2); and~~

38 ~~(2) a physician when transfer or discharge is necessary under 12.6.2 (3).~~

1 ~~12.6.4 Whenever a resident is transferred or discharged for the reasons in 12.6.2 (1), 12.6.2 (2) or~~  
2 ~~12.6.2 (3), the facility must provide assessment and reasonable intervention prior to determining~~  
3 ~~the need for the transfer or discharge. The assessment, attempted intervention and reason for~~  
4 ~~the discharge or transfer shall be documented in the clinical record.~~

5 ~~12.6.5 The facility shall provide reasonable advance notice to the resident and the family member or~~  
6 ~~legal representative of the resident of its intent to transfer or discharge a resident. Reasonable~~  
7 ~~advance notice means notice in writing at least thirty (30) days before the transfer or discharge~~  
8 ~~except in the following circumstances in which the professional staff determines there is an~~  
9 ~~emergency, in which case the notice must be made as soon as practicable before the transfer~~  
10 ~~or discharge:~~

11 ~~(1) the safety of residents in the facility is endangered;~~

12 ~~(2) the health of residents in the facility is endangered; or~~

13 ~~(3) an immediate transfer or discharge is required by the resident's urgent medical needs.~~

14 ~~12.6.6 The written notice shall be in a language and manner understandable to the resident and the~~  
15 ~~resident's legal representative, if applicable, and shall include:~~

16 ~~(1) The reason for the transfer or discharge;~~

17 ~~(2) The effective date of the transfer or discharge;~~

18 ~~(3) The location to which the resident is transferred or discharged;~~

19 ~~(4) The grievance procedure; and~~

20 ~~(5) the following text:~~

21 ~~"You have a right to appeal the nursing care facility's decision to transfer or discharge you. If you think you~~  
22 ~~should not be transferred or discharged, you may appeal to \_\_\_\_\_ (staff designee). If you do not wish to~~  
23 ~~handle the appeal yourself, you may use an attorney, relative, or friend. If your appeal is not resolved to your~~  
24 ~~satisfaction by the staff designee, you can continue your appeal to the nursing care facility's grievance~~  
25 ~~committee and, if necessary, the Colorado Department of Public Health and Environment. You may direct~~  
26 ~~questions regarding this notice to the Department of Public Health and Environment~~  
27 ~~at \_\_\_\_\_ (division name, address and phone number)."~~

28 ~~(a) Nursing care facilities that are certified for Medicaid and/or Medicare~~  
29 ~~reimbursement, must also add the following statement:~~

30 ~~"In addition, if you have questions or complaints about the transfer or discharge or would like help to appeal, call~~  
31 ~~or write the State or Local Long Term Care Ombudsman at \_\_\_\_\_ (phone numbers/addresses)."~~

32 ~~(b) If the resident who is being involuntarily transferred is a person with a~~  
33 ~~developmental disability for whom an agency has been authorized by law as~~  
34 ~~the agency responsible for advocacy and protection of the rights of persons~~  
35 ~~with developmental disabilities, the nursing care facility must also furnish to~~  
36 ~~resident and the resident's family member or legal representative, the following~~  
37 ~~statement:~~

38 ~~"In addition, if you have questions or complaints about the transfer or discharge or would like help to appeal, call~~  
39 ~~or write the \_\_\_\_\_, (name, phone number and address of the agency)."~~

1                   (c) ~~If the resident who is being transferred is a person with mental illness for whom an~~  
2                   ~~agency has been authorized by law as the agency responsible for the advocacy~~  
3                   ~~and protection of persons with mental illness, the nursing care facility must also~~  
4                   ~~furnish to the resident and the resident's family member or legal representative~~  
5                   ~~the following statement:~~

6                   ~~"In addition, if you have questions or complaints about the transfer or discharge or would like help to appeal, call~~  
7                   ~~or write the \_\_\_\_\_, (name, phone number and address of the agency.)"~~

8                   ~~12.6.7 In cases where a resident is being involuntarily transferred or discharged from a nursing care~~  
9                   ~~facility that is certified to participate in the Medicaid and/or Medicare reimbursement program, a~~  
10                  ~~copy of the written notice (including the grievance and appeal rights, and the name, address~~  
11                  ~~and telephone number of the State and Local Long Term Care Ombudsman) shall also be sent~~  
12                  ~~the State or Local Long Term Care Ombudsman at the same time it is sent to the resident or as~~  
13                  ~~soon as the determination is made that the transfer or discharge is involuntary.~~

14                  ~~12.6.8 A facility must provide sufficient preparation and orientation to residents to ensure safe and~~  
15                  ~~orderly transfer and discharge from the facility.~~

16                  ~~12.6.9 When the facility intends to move a resident to another room in the facility without the resident's~~  
17                  ~~consent, the facility shall provide the resident and a family member or legal representative with~~  
18                  ~~written notice of such intent to be received at least 5 days before such move, including an~~  
19                  ~~explanation on their right to appeal.~~

20                  ~~12.6.10 A resident shall not be involuntarily transferred, discharged, or moved to another room within~~  
21                  ~~the facility until:~~

22                         ~~(1) The expiration of the notice period, or~~

23                         ~~(2) The time for any further administrative appeals has expired, or~~

24                         ~~(3) The grievance or appeal has been resolved.~~

25                  ~~12.7 RESIDENT RELOCATION. If a facility intends to close or change bed classification, it shall notify the~~  
26                  ~~Department of Public Health and Environment and the Colorado Department of Health Care Policy And~~  
27                  ~~Financing, if it has Medicaid residents, at least 60 days before it expects to cease or change operations~~  
28                  ~~and at least 7 days before it notifies residents and families.~~

29                  ~~12.7.1 The facility shall appoint one staff person to coordinate resident relocation activities.~~

30                  ~~12.7.2 If the facility has Medicaid residents, it shall review its relocation plan with the Department of~~  
31                  ~~Health Care Policy And Financing.~~

32                  ~~12.7.3 Any facility certified for participation in Medicaid shall follow the relocation procedures prescribed~~  
33                  ~~by regulations of the Department of Social Services. Other facilities shall provide for an orderly~~  
34                  ~~relocation of residents, designed to minimize risks and ensure optimal placement of all~~  
35                  ~~residents, in coordination with the Department of Health, the Nursing Home Ombudsman, and~~  
36                  ~~local public and private social services agencies.~~

### 37 **Part 13. EMERGENCY SERVICES**

38                  ~~13.1 EMERGENCY CARE POLICIES. The facility shall have and follow written policies for the care of~~  
39                  ~~residents in an emergency available for staff use, including: 1) arrangements for necessary medical~~  
40                  ~~care when a resident's physician is unavailable (developed by persons described in Section 6.2); 2)~~

1 procedures and training programs that cover immediate care of residents; and 3) persons to be notified  
2 in an emergency.

3 ~~13.2 FIRE AND INTERNAL DISASTER PLAN.~~ With the assistance of qualified fire and safety experts, the  
4 facility shall develop written policies and procedures for protection of persons within the building in case  
5 of fire, explosion, flood, staff shortage, food shortage, termination of vital services, or other emergency  
6 in the building. Policies shall include: 1) brief, written instructions, posted at each nurses' station, that  
7 include persons to be notified and other immediate steps to be taken before the fire department or other  
8 assistance arrives; 2) a schematic plan of the building or portions thereof posted at each nurses' station,  
9 showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers  
10 and fire alarm boxes; 3) procedures for evacuating helpless residents; 4) assignment of specific tasks  
11 and responsibilities to the personnel on each shift; 5) provision for at least annual training and  
12 instruction to keep employees informed of their duties; and 6) provisions for conducting simulated fire  
13 drills at least three times per year.

14 ~~13.3 MASS CASUALTY PLAN.~~ Each facility shall develop a written mass casualty plan for managing residents  
15 and treating casualties in an external or community disaster. The program shall be developed in  
16 cooperation with other health facilities in the area and with official and other community agencies.

#### 17 **Part 14. FACILITY RECORDS**

18

19 ~~14.1 HEALTH RECORDS.~~ The facility shall maintain on its premises a health record for each resident. The  
20 record and the resident for which it is maintained shall be identified by a separate, unique number. The  
21 record shall contain sufficient information to identify the resident; provide and support resident  
22 diagnoses; include orders for medications, treatments, restorative services, diet, special procedures,  
23 and activities. It shall include a care plan and discharge plan and indicate in progress notes the  
24 resident's progress at appropriate intervals. The components of the record may be kept separately as  
25 long as they are readily retrievable.

26 ~~14.1.1 Only physicians, dentists or persons operating under their supervision shall write or dictate~~  
27 ~~medical histories and physical examinations in the medical record, and only dentists shall write~~  
28 ~~dental histories.~~

29 ~~14.1.2 Telephone orders shall be taken by licensed nurses or members of other appropriate disciplines~~  
30 ~~as authorized by their professional licensure and as approved in facility policy. They shall be~~  
31 ~~countersigned by the physician or dentist and entered into the record within two weeks.~~

32 ~~14.1.3 All orders for diagnostic procedures, treatments, and medications shall be entered into the~~  
33 ~~health record and authenticated and signed by the physician, except that orders for dental~~  
34 ~~procedures shall be authenticated and signed by a dentist. All reports of x ray, laboratory, EKG,~~  
35 ~~and other diagnostic tests shall be authenticated by the person submitting them and~~  
36 ~~incorporated into the health record within two weeks after receipt by the facility.~~

37 ~~14.1.4 All entries in the health record shall be the original ink or typed copy of valid copies, kept current,~~  
38 ~~dated, and signed or authenticated. The responsibility for completing the health record rests~~  
39 ~~with the attending physician and the facility administrator. A physician may authenticate the~~  
40 ~~health record by written signature, identifiable initials, computer key, or, under the following~~  
41 ~~conditions, facsimile stamp:~~

42 ~~(1) The physician whose signature the facsimile stamp represents is the only one who has~~  
43 ~~possession of the stamp and is the only one who uses it; and~~

44 ~~(2) The physician places in the medical record office a signed statement to the effect that the~~  
45 ~~physician is the only one who has the stamp and the only one who will use it.~~

1 ~~14.1.5 A completed health record shall be maintained on every resident from the time of admission~~  
2 ~~through the time of discharge. All health records shall contain:~~

3 ~~(1) Identification and summary sheet that includes:~~

4 ~~(a) resident's name, health record number, social security number, marital status, age,~~  
5 ~~race, home address, date of birth, place of birth, religion, occupation, name of~~  
6 ~~informant and other available identifying sociological data (country of~~  
7 ~~citizenship, father's name, mother's maiden name, military service, if any, and~~  
8 ~~dates);~~

9 ~~(b) name, address, and telephone number of referral source,~~

10 ~~(c) name, address, and telephone number of attending physician and dentist,~~

11 ~~(d) name of next of kin or other responsible person,~~

12 ~~(e) date and time of admission and discharge,~~

13 ~~(f) admitting diagnosis, final diagnosis(es), condition on discharge, and disposition, and~~

14 ~~(g) attending physician's signature.~~

15 ~~(2) Medical data that includes:~~

16 ~~(a) medical history,~~

17 ~~(b) medical evaluation reports on admission and thereafter as needed and at least~~  
18 ~~annually,~~

19 ~~(c) reports of any special examinations, including laboratory and x-ray reports,~~

20 ~~(d) reports of consultations by consulting physicians, if any,~~

21 ~~(e) reports from all consulting persons and agencies, if any,~~

22 ~~(f) reports of special treatments, such as physical or occupational therapy,~~

23 ~~(g) dental reports, if any,~~

24 ~~(h) treatment and progress notes written and signed by the attending physician at the~~  
25 ~~time of each visit,~~

26 ~~(i) authentication of hospital diagnosis(es) in a hospital summary sheet or transfer form~~  
27 ~~when applicable, and a summary of the course of treatment followed in the~~  
28 ~~hospital if the resident is hospitalized,~~

29 ~~(j) physician orders for all medications, treatments, diet, and restorative and special~~  
30 ~~procedures,~~

31 ~~(k) autopsy protocol, if any, and authorization for autopsy, and~~

32 ~~(3) plans and notes of the social service and activities service, including social history, social~~  
33 ~~services assessment/plan, progress notes, activities assessment/plan and activities~~  
34 ~~progress notes;~~

1 ~~(4) nutritional assessments and progress notes of the dietary service; and~~

2 ~~(5) reports or accidents or incidents experienced by the resident,~~

3 ~~(6) Nursing records, dated and signed by nursing personnel, which include the resident~~  
4 ~~assessment required by Section 5.2, all medications and treatments administered,~~  
5 ~~special procedures performed, notes of observations, and the time and circumstances~~  
6 ~~of death.~~

7 ~~14.2 FACILITIES. The facility shall provide a health record room or other health record accommodation and~~  
8 ~~supplies and equipment adequate for health record functions. Health records shall be maintained and~~  
9 ~~stored safely for confidentiality and protection from loss, damage, and unauthorized use.~~

10 ~~14.3 PRESERVATION. All health records shall be completed promptly, not later than 30 days following~~  
11 ~~resident discharge, filed, and retained for a period of time consistent with the applicable statute of~~  
12 ~~limitations and the facility's written policies.~~

13 ~~14.4 STAFFING. A Registered Record Administrator (RRA), Accredited Record Technician (ART), or other~~  
14 ~~employee who is trained in medical records and who has consultation from a registered record~~  
15 ~~administrator or accredited record technician shall be responsible for the custody, supervision, filing,~~  
16 ~~and indexing of completed health records of all residents and for allied health records services.~~

17 ~~14.5 LONG TERM CARE FACILITY RECORDS. The facility shall maintain current the following records: 1)~~  
18 ~~daily census including current resident problems and room numbers, 2) admission and discharge~~  
19 ~~analysis records, 3) master resident file, 4) resident number index, and 5) disease index and (6) file of~~  
20 ~~all accident and incident reports, including without limitation, those required by Part 3 of Chapter II.~~

## 21 ~~Part 15. OCCUPATIONAL, AND PHYSICAL AND SPEECH THERAPY~~

22 ~~15.1 OCCUPATIONAL THERAPY. The facility shall provide or make arrangements for referral to occupational~~  
23 ~~therapy services for all residents whom a physician refers to such therapy. If the facility provides~~  
24 ~~occupational therapy services directly, it shall comply with the following requirements:~~

25 ~~15.1.1 The facility shall have written policies approved by the governing body identifying the~~  
26 ~~organization, administration, performance standards, direction, and supervision of resident care.~~

27 ~~15.1.2 Only a qualified occupational therapist, who is a graduate of an occupational therapy curriculum~~  
28 ~~accredited jointly by the Council on Medical Education of the American Medical Association and~~  
29 ~~the American Occupational Therapy Association or is eligible for certification by the AOTA, shall~~  
30 ~~provide occupational therapy. All personnel assisting residents with occupational therapy shall~~  
31 ~~be under supervision of a qualified occupational therapist.~~

32 ~~15.1.3 Records of occupational therapy shall include the physician's referral for treatment, resident~~  
33 ~~progress notes, and results of special tests and measurements.~~

34 ~~15.1.4 The facility shall take all necessary steps to assure that therapist communicates to the facility~~  
35 ~~the resident's condition and response to treatment within two weeks of initiation of treatment~~  
36 ~~and every thirty days thereafter while treatment continues.~~

37 ~~15.1.5 The facility shall provide space, appropriate equipment, and storage areas adequate for~~  
38 ~~occupational therapy on all referred residents. Services shall be provided in an area readily~~  
39 ~~accessible to residents. Equipment shall be properly maintained to ensure safety of residents~~  
40 ~~and staff.~~

- 1 ~~15.2 PHYSICAL THERAPY. The facility shall provide or make arrangements for referral to physical therapy~~  
2 ~~services for all residents whom a physician refers to such therapy. If the facility provides physical~~  
3 ~~therapy services directly or holds itself out through advertisement or door sign to provide such care, it~~  
4 ~~shall comply with the following requirements:~~
- 5 ~~15.2.1 The facility shall have written policies approved by the governing body identifying the~~  
6 ~~organization, administration, performance standards, direction, and supervision of resident care.~~
- 7 ~~15.2.2 Only a physical therapist who is registered by Physical Therapy Registration (Department of~~  
8 ~~Regulatory Agencies) shall provide physical therapy. All personnel assisting residents with~~  
9 ~~physical therapy shall be under supervision of a qualified physical therapist.~~
- 10 ~~15.2.3 Records of physical therapy shall include the physician's order for treatment, resident progress~~  
11 ~~notes, and results of special tests and measurements.~~
- 12 ~~15.2.4 The facility shall take all necessary steps to assure that therapist communicates to the facility~~  
13 ~~the resident's condition and response to treatment within two weeks of initiation of treatment~~  
14 ~~and every thirty days thereafter while treatment continues.~~
- 15 ~~15.2.5 The facility shall provide space, appropriate equipment, and storage areas adequate for physical~~  
16 ~~therapy on all referred residents. Services shall be provided in an area readily accessible to~~  
17 ~~residents. Equipment shall be properly maintained to ensure safety of residents and staff.~~
- 18 ~~15.3 SPEECH THERAPY. The facility shall provide or make arrangements for referral to speech therapy~~  
19 ~~services for all residents whom a physician refers to such therapy. If the facility provides speech therapy~~  
20 ~~services directly or holds itself out through advertisement or door sign to provide such care, it shall~~  
21 ~~comply with the following requirements:~~
- 22 ~~15.3.1 The facility shall have written policies approved by the governing body identifying the~~  
23 ~~organization, administration, performance standards, direction, and supervision of resident care.~~
- 24 ~~15.3.2 Only a speech pathologist who is eligible for certification by the American Speech and Hearing~~  
25 ~~Association or meets educational requirements thereof and is obtaining the supervised~~  
26 ~~experience required for certification shall provide speech therapy. All personnel assisting~~  
27 ~~residents with speech therapy shall be under supervision of a qualified speech pathologist.~~
- 28 ~~15.3.3 Records of speech therapy shall include the physician's order for treatment, resident progress~~  
29 ~~notes, and results of special tests and measurements.~~
- 30 ~~15.3.4 The facility shall take all necessary steps to assure that the therapist communicates to the~~  
31 ~~facility the resident's condition and response to treatment within two weeks of initiation of~~  
32 ~~treatment and every thirty days thereafter while treatment continues.~~
- 33 ~~15.3.5 The facility shall provide space, appropriate equipment, and storage areas adequate for speech~~  
34 ~~therapy on all referred residents. Services shall be provided in an area readily accessible to~~  
35 ~~residents. Equipment shall be properly maintained to ensure safety of residents and staff.~~
- 36 **~~Part 16. PHARMACEUTICAL SERVICES~~**
- 37 ~~16.1 ORGANIZATION. The pharmaceutical services of the facility shall be organized and maintained~~  
38 ~~exclusively for the benefit of the facility's residents.~~
- 39 ~~16.1.1 The pharmaceutical service shall be supervised by a consultant pharmacist licensed to practice~~  
40 ~~pharmacy in the State of Colorado.~~

- 1           ~~16.1.2 All compounding and dispensing shall be from a pharmacy licensed by the Colorado Board of~~  
2           ~~Pharmacy in accordance with all pharmacy laws and regulations.~~
- 3           ~~16.2 ADVISORY COMMITTEE. The facility shall establish a pharmaceutical advisory committee, including a~~  
4           ~~registered nurse, the consulting pharmacist and the medical advisor, to assist in the formulation of~~  
5           ~~broad professional policies and procedures relating to pharmaceutical service in the facility.~~
- 6           ~~16.3 DRUG REQUISITION AND STORAGE POLICIES. The facility shall designate in written policies approved~~  
7           ~~by the governing body the person authorized to requisition, receive, control, and manage drugs.~~
- 8           ~~16.3.1 Resident drugs shall be obtained from a licensed pharmacy on an individual prescription basis~~  
9           ~~for each resident.~~
- 10           ~~16.3.2 Unless the facility uses a unit dose system, each resident drug shall be stored in individual,~~  
11           ~~originally received containers or "blister" or "bubble" cards that are clearly and legibly labeled~~  
12           ~~with the name, strength, dosage, frequency and mode of administration, date of issue and~~  
13           ~~expiration of the drug; physician's name; name, address, and telephone number of the~~  
14           ~~dispensing pharmacy; and the full name of the resident for whom the drug is prescribed.~~
- 15           ~~16.3.3 The facility shall protect each resident's drugs from use by other residents, visitors, and staff.~~
- 16           ~~16.4 CONSULTING PHARMACIST. The facility shall contract in writing with a licensed pharmacist to be~~  
17           ~~responsible for all pharmaceutical matters in the facility. The contract shall set forth the fees to be paid~~  
18           ~~for services and the pharmacist's responsibilities, including at least the following:~~
- 19                   ~~(1) Legal compounding;~~
- 20                   ~~(2) Prompt dispensing of properly labeled individual resident prescriptions;~~
- 21                   ~~(3) Inventory control; establishment of necessary records;~~
- 22                   ~~(4) Periodic inspection of all pharmaceutical supplies and drugs on all resident care units;~~
- 23                   ~~(5) Provision of an emergency medical kit, which remains the property of a licensed pharmacy~~  
24                   ~~approved by the pharmaceutical advisory committee and the Colorado State Board of~~  
25                   ~~Pharmacy;~~
- 26                   ~~(6) Regularly scheduled visits and consultations and at least annual in-service training to staff;~~
- 27                   ~~(7) Inspection of prescriptions all drugs for proper labeling, proper storage, and drug~~  
28                   ~~deterioration or expiration of shelf life;~~
- 29                   ~~(8) Determination of proper procurement and maintenance of all prescriptions and other drugs;~~
- 30                   ~~(9) Development of proper accounting procedures for controlled substances and legend drugs;~~
- 31                   ~~(10) Evaluation of the rule 01 policies of the pharmaceutical advisory committee; and~~
- 32                   ~~(11) Quarterly reports to the Pharmacy Advisory Committee on the status of pharmacy~~  
33                   ~~services.~~
- 34
- 35
- 36           ~~16.5 CONTROLLED SUBSTANCES. Only practitioners authorized under the laws of the State of Colorado and~~  
37           ~~properly registered with the federal government shall prescribe controlled substances, The facility shall~~

1 comply with all federal and state laws and regulations relating to procurement, storage, administration,  
2 and disposal of scheduled drugs. Unless the facility uses a unit dose system, it shall maintain a record  
3 on a separate sheet for each resident receiving a scheduled drug, which contains the name of the drug,  
4 strength, date, time administered, resident name, dose, physician's name, signature of person  
5 administering, and the quantity of the drug remaining.

#### 6 ~~16.6 DISPOSITION OF MEDICATIONS~~

7 ~~16.6.1 If controlled substances (Schedules 2 through 5) are being held by a facility on behalf of a~~  
8 ~~resident and the controlled substances are no longer needed, the facility shall conduct on-site~~  
9 ~~destruction of the controlled substances as follows:~~

10 ~~(1) The facility shall properly inventory the destruction and keep the inventory copy on file for at~~  
11 ~~least two years.~~

12 ~~(2) At least the administrator or designee, the supervisory nurse, and the consulting pharmacist~~  
13 ~~shall witness each destruction and sign the destruction inventory.~~

14 ~~(3) The destruction shall be performed in a manner that renders the controlled substances~~  
15 ~~totally irretrievable.~~

16 ~~16.6.2 Except for medications returned to a pharmacist or transferred to a relief agency as provided~~  
17 ~~under 6 CFR 1011-1, Chapter II, Subpart 7.200 Donation of Unused Medications, Medical~~  
18 ~~Devices, and Medical Supplies, all prescriptions and other drugs (except controlled substances)~~  
19 ~~remaining upon death or discharge shall be destroyed by the administrator, a registered nurse,~~  
20 ~~and a pharmacist who shall record the quantity of the drugs destroyed.~~

21 ~~16.7 MEDICATION RELEASE. The facility staff shall release medications to a resident only upon written~~  
22 ~~physician authorization.~~

23 ~~16.8 RESIDENT DRUG PROFILE RECORD. The dispensing pharmacist shall maintain drug profile records on~~  
24 ~~each resident for whom he or she dispenses medications.~~

#### 25 **Part 17. DIAGNOSTIC SERVICES**

26 ~~17.1 POLICIES. The facility shall establish and follow policies for obtaining clinical laboratory, x-ray, and other~~  
27 ~~diagnostic services.~~

28 ~~17.2 PHYSICIAN ORDERS. Diagnostic services shall be provided only on the order of the attending physician~~  
29 ~~or dentist.~~

30 ~~17.3 TRANSPORTATION. The facility shall assist residents to make arrangements for transportation of~~  
31 ~~residents and/or laboratory specimens to and from the source of diagnostic services.~~

32 ~~17.4 REPORTS. All diagnostic reports shall be included in the resident's health record within thirty days of the~~  
33 ~~time the facility receives them.~~

#### 34 **Part 18. RESIDENT CARE UNIT**

35  
36 ~~18.1 RESIDENT CARE UNIT. A resident care unit means a designated area of a long-term care facility~~  
37 ~~consisting of a bedroom or a grouping of bedrooms with supporting facilities and services that are~~  
38 ~~planned, organized, operated, and maintained to provide adequate nursing and supportive care of not~~  
39 ~~more than sixty residents.~~

- 1 ~~18.2 PRIVATE AND MULTIPLE BEDROOMS. The long-term care facility shall provide private and multiple~~  
2 ~~bedrooms to meet resident needs. There shall be no more than four beds per room.~~
- 3 ~~18.2.1 \* Minimum room area, exclusive of closets, lockers, wardrobes of any type, vestibules and toilet~~  
4 ~~rooms, shall be 100 sq. ft. for one-bed rooms and 80 sq. ft. per bed in multi-bed rooms.~~
- 5 ~~18.2.2 \* Privacy shall be provided for each resident in a multiple bedroom by the installation of opaque~~  
6 ~~flame retardant cubicle curtains or movable screening.~~
- 7 ~~18.2.3 \* Each bedroom shall have an exterior window. One-half of the required window area shall be~~  
8 ~~openable without the use of tools. If a mechanical ventilation system is provided, a portion of the~~  
9 ~~required window shall be openable without the use of tools. Privacy for the resident and control~~  
10 ~~of light shall be provided at each window.~~
- 11 ~~18.2.4 \* Each bedroom shall have direct entry from a corridor.~~
- 12 ~~18.2.5 \* Artificial light shall be provided and include: 1) General illumination; 2) Other sources of~~  
13 ~~illumination for reading, observation, examinations, and treatments; 3) Night light controlled at~~  
14 ~~the door of the bedroom; 4) Quiet operating switches.~~
- 15 ~~18.2.6 \* A lavatory complete with mixing faucet, blade controls, soap and sanitary hand-drying~~  
16 ~~accommodations shall be provided in each bedroom.~~
- 17 ~~The lavatory may be installed within the toilet room in private bedrooms. Mirrors should be arranged for~~  
18 ~~convenient use by residents in wheelchairs as well as by residents in a standing position.~~
- 19 ~~18.2.7 \* A toilet room, directly accessible from each bedroom, without going through a general corridor,~~  
20 ~~shall be provided. One toilet may serve two resident rooms but not more than four beds. The~~  
21 ~~minimum dimensions for any room containing only one water closet shall be 3'0" x 6'0". The~~  
22 ~~door to the toilet room must be at least 2'10" in width and shall not swing into the toilet room~~  
23 ~~unless provided with rescue hardware permitting the door to swing outward. The toilet room~~  
24 ~~shall be provided with the following: 1) Toilet preferably with bedpan flushing equipment; 2)~~  
25 ~~Grab bars convenient for the safety of residents; 3) Waste paper receptacle with a removable~~  
26 ~~impervious liner.~~
- 27 ~~18.2.8 Comfortable bedrooms shall be equipped with movable furniture and equipment with the~~  
28 ~~following for each resident: 1) Adjustable, washable bed (roll-away type beds, cots and folding~~  
29 ~~beds shall not be used) mattress protected by water-proof material, mattress pad, and a~~  
30 ~~comfortable pillow; 2) Cabinet or bedside table; 3) Over bed table as applicable; 4) Waste paper~~  
31 ~~receptacle with impervious, disposable liner or disposable waste receptacle; 5) Complete~~  
32 ~~personal care equipment including water carafe, mouth wash cup, emesis basin, wash basin,~~  
33 ~~bedpan and, when necessary, a urinal; 6) Comfortable chair; 7) Storage facilities adequate for~~  
34 ~~residents' personal articles and grooming.~~
- 35 ~~18.2.9 \* Each bedroom shall be provided with a separate closet or locker for each resident. The~~  
36 ~~minimum size of closet or locker in a nursing care facility shall be 1'8" wide by 1'10" deep with~~  
37 ~~full length hanging space, clothes rod and shelf.~~
- 38 ~~18.2.10 \* Each resident shall be furnished with a nurse call signal system that registers a visual signal~~  
39 ~~from the resident at the corridor bedroom door and at the clean and soiled holding areas and a~~  
40 ~~visual and audible signal at the Nurse's Station. Calling stations shall be located at the~~  
41 ~~resident's bed, toilet room and at each tub and shower. The nurses call in toilet, tub or shower~~  
42 ~~shall be an emergency call.~~

43 ~~\* Other approved facilities for resident services may be substituted to meet the requirements specified in 18.2.1 through 18.2.7, 18.2.9~~  
44 ~~through 18.2.10, 18.3.1 through 18.3.10 and 18.4.~~

- 1 ~~18.3 SERVICE FACILITIES. The following service areas shall be provided on each floor housing residents and~~  
2 ~~located conveniently for patient care.~~
- 3 ~~18.3.1 \* The Nurses Station shall be designed and equipped for medical record recording,~~  
4 ~~communications, and storage for supplies and nurses' personal effects.~~
- 5 ~~18.3.2 \* The medication preparation area shall be equipped with: 1) Cabinets with suitable locking~~  
6 ~~devices to protect drugs stored therein; 2) Refrigerator equipped with thermometer and used~~  
7 ~~exclusively for pharmaceutical storage; 3) Counter work space; 4) sink with approved~~  
8 ~~handwashing facilities; 5) Antidote, incompatibility, and metriapothecary conversion charts. Only~~  
9 ~~medications, equipment, and supplies for their preparation and administration shall be stored in~~  
10 ~~the medication preparation area. Test reagents, general disinfectants, cleaning agents, and~~  
11 ~~other similar products shall not be stored in the medication area.~~
- 12 ~~18.3.3 \* The clean supply holding room shall be equipped with: 1) Counter, sink with mixing faucet,~~  
13 ~~blade controls, soap, and sanitary hand drying facility; 2) Waste container with cover (foot~~  
14 ~~controlled recommended) and impervious, disposable liner; 3) Cupboards or carts for supplies.~~
- 15 ~~18.3.4 \* There shall be a separate closed area in the clean supply holding room, on a cart, or in a~~  
16 ~~separate closet for clean linen supplies.~~
- 17 ~~18.3.5 \* The soiled holding room shall be equipped with: 1) Suitable counter, double sink with mixing~~  
18 ~~faucet, blade controls, soap, and sanitary hand drying facility; 2) Waste container with cover~~  
19 ~~(foot controlled recommended) and impervious, disposable liner; 3) Soiled linen cart or hamper~~  
20 ~~with impervious liner; 4) Accommodations and provisions for enclosed soiled articles; 5) Space~~  
21 ~~for short time holding of specimens awaiting delivery to laboratory; 6) Adequate shelf and~~  
22 ~~counter space; and in nursing care facilities 7) Clinical flushing sink.~~
- 23 ~~18.3.6 \* The janitor's closet shall be equipped with: 1) Sink, preferably depressed or floor mounted,~~  
24 ~~with mixing faucets; 2) Hook strip for mop handles from which soiled mopheads have been~~  
25 ~~removed; 3) Shelving for cleaning materials; 4) Approved handwashing facilities; 5) Waste~~  
26 ~~receptacles with impervious liner. The floor area should be adequate to store mop buckets on a~~  
27 ~~roller carriage, wet and dry vacuum machine, and floor scrubbing machine.~~
- 28 ~~18.3.7 \* A storage room should be provided on the Resident Care Unit. Storage space for stretchers~~  
29 ~~and wheelchairs should be recessed off the corridor.~~
- 30  
31  
32
- 33 ~~18.3.8 \* BATHING FACILITIES. Resident bathing facilities shall be provided in the ratio of one tub or~~  
34 ~~one shower for each fifteen residents. Approved grab bars shall be installed at each tub or~~  
35 ~~shower and tubs shall be of non-slip surface. The room shall provide privacy and be sufficiently~~  
36 ~~large to provide space for wheelchair movement. The entry door shall be at least 36" in width.~~  
37 ~~Curbs should be omitted from showers. There shall be toilet and lavatory facilities in the~~  
38 ~~bathroom with mixing faucet, blade controls, soap, and sanitary hand drying accommodations.~~
- 39 ~~18.3.9 \* Nourishment stations shall be provided with storage space and sink for serving between meal~~  
40 ~~nourishments.~~
- 41 ~~18.3.10 \* An examination and treatment room shall be provided on at least one Resident Care Unit~~  
42 ~~and shall be equipped with a treatment table, storage cabinet for supplies and instruments; and~~  
43 ~~a lavatory complete with blade controls.~~

44 \* Other approved facilities for resident services may be substituted to meet the requirements specified in 18.2.1 through 18.2.7, 18.2.9  
45 through 18.2.10, 18.3.1 through 18.3.10 and 18.4.

1 ~~18.4 \* PERSONNEL TOILET FACILITIES. Toilet facilities shall be provided for personnel on each Resident~~  
2 ~~Care Unit.~~

3 ~~\* Other approved facilities for resident services may be substituted to meet the requirements specified in 18.2.1 through 18.2.7, 18.2.9~~  
4 ~~through 18.2.10, 18.3.1 through 18.3.10 and 18.4.~~

5 ~~18.5 EMERGENCY EQUIPMENT AND SUPPLIES. The following shall be readily available at all times: 1)~~  
6 ~~Oxygen; 2) Suction; 3) Portable emergency equipment, supplies and medications; and in nursing care~~  
7 ~~facilities 4) Compatible supplies and equipment for immediate intravenous therapy to be administered~~  
8 ~~only in accordance with applicable Colorado laws.~~

9 ~~18.6 THERMOMETER. A disinfected thermometer shall be used each time a resident's temperature is taken.~~

10 ~~18.7 DRESSINGS. There shall be individual resident equipment and supplies for changing dressings.~~

## 11 **Part 19. SECURE UNITS**

12 ~~19.1 COMPLIANCE. Any facility that has one or more units that are secured to prohibit free egress of residents~~  
13 ~~shall comply with the standards in this Part in addition to all other applicable requirements of this~~  
14 ~~chapter.~~

15 ~~19.2 MENTAL HEALTH FACILITIES. Any facility that is a "designated" or "placement" facility under 27-10-101~~  
16 ~~C.R.S., et seq, shall comply with the regulations of the Department of Human Services. In the case of~~  
17 ~~conflicting regulations, the stricter shall apply.~~

18 ~~19.3 ADMISSIONS.~~

19 ~~19.3.1 Residents on a secure unit shall be placed so as to insure that those placed in the unit because~~  
20 ~~they are dangerous to self or wander out of the building and are unable to return on their own~~  
21 ~~are protected from harm by residents who are a danger to others or whose behavior seriously~~  
22 ~~disrupts the rights of other residents.~~

23 ~~19.3.2 Placement on a secure unit shall not be used for the punishment of a resident or the~~  
24 ~~convenience of the staff and shall be the least restrictive alternative available.~~

25 ~~19.3.3 A facility shall have written programs to treat residents whom it admits, as required by 19.7.~~

26 ~~19.3.4 Residents of a secure unit shall be allowed to have visitors on the unit. Residents of the facility~~  
27 ~~may participate in organized activities on the unit.~~

28 ~~19.4 PRE-ADMISSION SCREENING AND PLACEMENT. The facility shall not place a resident into a secure~~  
29 ~~unit unless the requirements of this section are met:~~

30 ~~19.4.1 An evaluation team finds, based on available evidence, that:~~

31 ~~(1) the resident is a serious danger to self or others, or~~

32 ~~(2) the resident habitually wanders or would wander out of buildings and is unable to find the~~  
33 ~~way back, or~~

34 ~~(3) the resident has a significant behavior problem that seriously disrupts the rights of other~~  
35 ~~residents; and in all cases~~

36 ~~(4) less restrictive alternatives have been unsuccessful in preventing harm to self or others; and~~

37 ~~(5) legal authority for such restrictive authority has been established.~~

- 1 ~~19.4.2 The evaluation team shall consist of at least the Director of Nursing, Social Services staff~~  
2 ~~member, member of the facility's utilization control committee, if any, and a person with mental~~  
3 ~~health or social work training (as appropriate to the needs of the unit's residents) who is not a~~  
4 ~~facility staff member. Such non-staff member need not participate in prior review of admissions.~~  
5 ~~A facility that is a mental health "placement facility" under 27-10-101, C.R.S., et seq. shall have~~  
6 ~~a person from its contracting "designated facility" on the evaluation team for evaluations of~~  
7 ~~clients referred by the designated facility.~~
- 8 ~~19.4.3 Written findings and their factual basis shall be documented in the health record.~~
- 9 ~~19.4.4 The resident or his/her legally responsible and authorized representative gives informed, written~~  
10 ~~consent, and~~
- 11 ~~19.4.5 A physician has authenticated the placement.~~
- 12 ~~19.5 PLACEMENT EVALUATION. A resident's placement in or restriction to a secure unit shall terminate when~~  
13 ~~the condition or behavior justifying the placement have diminished to the extent that the criteria in 19.4.1~~  
14 ~~are no longer met or when consent is terminated or withdrawn or if the facility and physician determine~~  
15 ~~that such continued placement would adversely affect resident health or safety.~~
- 16 ~~19.5.1 The facility shall provide the same notice and appeal rights required by Section 12.6 before~~  
17 ~~moving a resident out of a secure unit.~~
- 18 ~~19.5.2 The evaluation team described in Subsection 19.4.2 shall re-evaluate the placement of each~~  
19 ~~resident 30 days after initial placement and no less often than every 180 days thereafter.~~  
20 ~~Persons under involuntary mental health placement under 27-10-101, C.R.S., et seq., shall be~~  
21 ~~evaluated as prescribed in rules of the Department of Human Services.~~
- 22 ~~19.5.3 For residents with Alzheimer's disease whose conditions have stabilized, the evaluation team~~  
23 ~~may recommend continued placement on the unit if it finds that placement is necessary to avoid~~  
24 ~~a likely recurrence of the condition that was the purpose of the initial placement on the unit.~~
- 25 ~~19.6 STAFFING. The facility shall provide a sufficient number of qualified staff to meet fully the needs of~~  
26 ~~residents in the secure unit, which may require a higher staffing ratio than in other units in the facility,~~  
27 ~~particularly on the night shift.~~
- 28 ~~19.6.1 Staff in the special secure unit shall be experienced and trained in the particular needs and care~~  
29 ~~of the types of residents in the unit.~~
- 30 ~~19.6.2 For residents in the secure unit, the facility shall provide additional social work and activities staff~~  
31 ~~to meet the social, emotional, and recreational needs of the residents and the social and~~  
32 ~~emotional needs of their families in coping with the resident's illness.~~
- 33 ~~19.6.3 For residents with mental illness, the facility shall provide staff who have demonstrated~~  
34 ~~knowledge and skill in caring for residents with mental illness.~~
- 35 ~~19.7 PROGRAMS. In addition to meeting the special medical and nursing needs of each resident in the secure~~  
36 ~~unit, the facility shall provide social services and activity programs especially designed for the residents~~  
37 ~~of the secure unit to avoid programmatic isolation.~~
- 38 ~~19.7.1 Activities and social services programs shall include the opportunity for regular interaction with~~  
39 ~~non-confused residents of the facility and regular interaction with the community outside the~~  
40 ~~facility.~~

~~19.7.2 Residents of the secure unit may not be locked into or out of their rooms, except that facilities that are "designated" or "placement" facilities under 27-10-101, C.R.S. et seq, may use seclusion under procedures prescribed by Department of Human Services' regulations.~~

~~19.8 PHYSICAL FACILITIES. In addition to the physical plant requirements of these regulations, the facility shall provide at least 10 square feet per resident (excluding hallways) of common areas within the secure unit.~~

~~19.8.1 The facility shall identify its method for securing the unit and establish and implement procedures for monitoring the effectiveness of the security system.~~

~~19.8.2 Any facility that has an outside area or yard that residents in the non-secure areas of the facility may use shall establish a secure outside area for residents of the secure unit.~~

~~19.8.3 In accordance with 6 CCR 1011-1, Chapter II, Part 4, a facility may seek a waiver from the standards required in Part 18 of this Chapter that may be detrimental to resident needs, safety, or health.~~

#### ~~Part 20. HOUSEKEEPING SERVICES~~

~~20.1 ORGANIZATION. Each facility shall establish an organized housekeeping service that keeps the facility clean and orderly and free from odor resulting from poor housekeeping practices.~~

~~20.1.1 The facility shall provide a sufficient number of housekeeping personnel and adequate equipment.~~

~~20.1.2 Deodorizers shall not be used to cover up odors caused by unsanitary conditions, poor nursing care, or housekeeping practices.~~

~~20.2 EQUIPMENT AND SUPPLIES. Suitable equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition.~~

~~20.3 DISINFECTANTS. Disinfectants shall be only those registered by the manufacturer with the United States Environmental Protection Agency and shall be stored in a manner approved by the Department.~~

~~20.4 STORAGE. Storage areas, attics, and cellars shall be kept safe and free from accumulations of extraneous materials such as refuse, discarded furniture, and old newspapers.~~

~~20.4.1 Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.~~

~~20.4.2 Cleaning compounds and other hazardous substances (including products labeled "Keep out of reach of children" on their original containers) shall be clearly labeled to indicate contents and (except when a staff member is present) shall be stored in a location sufficiently secure to deny access to confused residents. Janitors' rooms used for storing disinfectants and detergent concentrates, caustic bowl and tile cleaners, and insecticides shall be locked.~~

~~20.4.3 Paper towels, tissues, and other absorbent paper goods shall be stored in a manner that prevents their contamination prior to use.~~

~~20.5 CLEANING METHODS. Cleaning shall be performed in a manner to minimize the spread of pathogenic organisms. Floors shall be cleaned regularly.~~

~~20.6 FLOOR SURFACES. Uncarpeted floors and adjacent base coving shall be maintained to provide a smooth, continuous, washable surface that is free of discoloration or staining. Polishes applied to~~

1            ~~uncarpeted floors shall provide a nonslip surface; throw or scatter rugs shall not be used except for~~  
2            ~~nonslip entrance mats.~~

3    ~~20.7 HANDWASHING. All personnel shall wash their hands thoroughly after handling waste products.~~

4    ~~20.8 TRAINING AND SUPERVISION. Housekeeping personnel shall receive adequate supervision. Frequent~~  
5            ~~in-service training programs shall be provided for housekeeping personnel.~~

6    ~~20.9 POISON CONTROL. The facility shall maintain at each nurses' station a current list of potentially~~  
7            ~~hazardous substances in regular use by housekeeping and other staff and the name, manufacturer,~~  
8            ~~EPA registration number, notation of where used and by whom, where stored, cautionary information,~~  
9            ~~antidote if any, and phone number of the poison control center.~~

## 10    **Part 21. LINEN AND LAUNDRY**

11    ~~21.1 LAUNDRY FACILITIES. Laundry facilities and/or contract with commercial laundry shall be provided with~~  
12            ~~the necessary washing, drying, and ironing equipment having sufficient capacity to process a~~  
13            ~~continuous seven-day supply based on ten pounds of dry laundry per bed per day. Laundry equipment~~  
14            ~~shall meet all safety and sanitary requirements. The equipment shall be designed and installed to~~  
15            ~~comply with all state and local laws. Laundry equipment, processing, and procedures shall render soiled~~  
16            ~~linen and patient clothing clean and free from detergent, soap, and other chemical residues.~~

17            ~~21.1.1 Laundry facilities and operations shall be located in an area separated from Resident Care~~  
18            ~~Units.~~

21            ~~21.1.2 In facilities constructed after the effective date of these regulations, there shall be proper~~  
22            ~~spacing and placing of the equipment to minimize material transportation and operation, to~~  
23            ~~avoid all cross traffic between clean and soiled linen, to provide balance of operations, and to~~  
24            ~~provide storage between operations. The general air movement shall be from the cleanest~~  
25            ~~areas to the most contaminated areas. Soiled laundry shall be processed frequently enough to~~  
26            ~~prevent excessive unsanitary accumulations.~~

27    ~~21.2 WASHING TEMPERATURE. The temperature of water during the washing and hot rinsing process shall~~  
28            ~~be a minimum of 130 degrees F and for a combined period of time of at least 25 minutes, and the~~  
29            ~~detergent shall be compatible with the wash cycle and temperature (as evidenced by purveyor~~  
30            ~~statement or literature kept for inspection). Washers shall not be overloaded so as to limit adequate~~  
31            ~~movement of contents and flow of water through the fabrics.~~

32    ~~21.3 COMMERCIAL LAUNDRY SERVICES. If laundry facilities are not provided entirely within the facility there~~  
33            ~~shall be a written contract between the facility and a commercial laundry service that provides for~~  
34            ~~compliance with Section 21.2.~~

35    ~~21.4 RESIDENT LINEN SUPPLY. Linen supply (top and bottom sheets, pillowcases, washcloths, bath and face~~  
36            ~~towels) shall be at least three complete changes times the number of licensed beds. All linens shall be~~  
37            ~~maintained clean, in good repair.~~

38    ~~21.5 SOILED LINEN HANDLING. In removing and handling soiled linen from a bed, there shall be minimal~~  
39            ~~shaking of the linen. Soiled linen, including blankets, shall be placed in bags tightly closed before~~  
40            ~~removal from a bedroom. The bags shall remain closed, shall be removed from the Resident Care Unit~~  
41            ~~at least every eight hours.~~

42    ~~21.6 INFECTIOUS DISEASE LINEN. All linens and blankets from residents with infectious disease shall be~~  
43            ~~placed in special bags identified "contaminated" and transported in these closed bags. Special~~

- 1            ~~measures shall be taken to insure the disinfection of contaminated laundry and protection of persons~~  
2            ~~doing laundry.~~
- 3    ~~21.7 SORTING AND PRE RINSING. Pre-rinsing shall be permitted only in a designated room where approved~~  
4            ~~facilities are provided. Sorting and all other linen and laundry operations shall be confined to the laundry~~  
5            ~~facility and shall not be permitted in the resident's room, bathtub, shower, lavatory or janitor's closets.~~
- 6    ~~21.8 LINEN CHUTES. If linen chutes are used, all soiled linen, clothing, and other items deposited in them shall~~  
7            ~~first be enclosed in bags before placing them in chute. Linen chutes shall be cleaned regularly by~~  
8            ~~methods approved by the Department.~~
- 9    ~~21.9 SOILED LINEN CARTS. Carts and hampers used to transport soiled linen shall be constructed of or lined~~  
10           ~~with impervious materials, cleaned and disinfected after use, and used only for transporting soiled linen.~~
- 11   ~~21.10 SOILED LINEN STORAGE. The facility shall provide a separate soiled linen storage and sorting area,~~  
12           ~~mechanically ventilated to the outside atmosphere. No re-circulation of air from this area is permitted.~~
- 13   ~~21.11 HANDWASHING EQUIPMENT. Handwashing facilities shall be provided in the laundry facility.~~
- 14   ~~21.12 HANDWASHING. All personnel shall wash their hands thoroughly after handling any soiled linen.~~
- 15   ~~21.13 RESIDENT CLOTHING. Resident clothing and other laundry shall be processed and stored in a manner~~  
16           ~~approved by the Department.~~
- 17   ~~21.14 CLEAN LINEN STORAGE. A clean linen folding/storage room shall be provided as part of the laundry~~  
18           ~~area, located adjacent to the drying equipment. Positive pressure shall be maintained in this area.~~  
19           ~~Storage for clean linen for current use shall be provided on each Resident Care Unit.~~
- 20   ~~21.15 CLEAN LINEN HANDLING. Clean linen shall be transported in a manner that preserves its clean~~  
21           ~~condition so that it is clean at the site of its use.~~

## 22    **Part 22. INFECTION CONTROL**

- 23   ~~22.1 INFECTION CONTROL PROGRAM. The facility shall have an infection control program that provides in-~~  
24           ~~service training on infection control and shall have current infection control policies and procedures~~  
25           ~~available to all staff members.~~
- 26   ~~22.2 POLICIES. The facility shall have and follow the following written policies approved by the governing body~~  
27           ~~1) a policy prohibiting admission of residents who have a communicable disease with a significant risk~~  
28           ~~of transmission to other persons, as determined by the Department; 2) a policy for preventing~~  
29           ~~transmission of disease in the facility that is applicable to any resident who is discovered to have a~~  
30           ~~communicable disease after admission or to any employee with a communicable disease; and 3) a~~  
31           ~~policy of reporting diseases to the state or local health department, pursuant to regulations promulgated~~  
32           ~~by the Board of Health pertaining to control of communicable diseases.~~
- 33           ~~22.2.1 By itself the fact that a resident or employee has a communicable infection that is primarily~~  
34           ~~transmitted either sexually or by blood products shall not prevent admission to or employment~~  
35           ~~by the facility. Decisions concerning the admission or employment of such individuals should be~~  
36           ~~made by the individual's personal physician in conjunction with the professional staff of the~~  
37           ~~facility. Upon order of a physician, residents with such infectious diseases may be admitted to~~  
38           ~~facilities. The facility shall observe the following precautions for residents with such conditions:~~
- 39           ~~(1) Staff shall wash hands before and after working with such residents.~~

- 1                   ~~(2) Staff shall exercise caution when handling sharp objects such as needles around such~~  
2                   ~~residents. Needles shall not be recapped, broken off, or disposed of in other than~~  
3                   ~~puncture proof containers.~~
- 4                   ~~(3) Linen and clothing of such residents shall be washed in water of at least 140 degree~~  
5                   ~~temperature.~~
- 6                   ~~(5) Staff shall wear disposable gloves when handling items soiled with blood or body fluids, but~~  
7                   ~~gowns and masks are not necessary except where staff performs a procedure requiring~~  
8                   ~~extensive contact with blood or body fluids.~~
- 9                   ~~(6) If resuscitation appears necessary, equipment shall be immediately at hand to minimize the~~  
10                  ~~need for mouth-to-mouth resuscitation.~~
- 11                  ~~(7) Wearing disposable gloves, staff shall immediately clean up spills of blood or bodily fluid~~  
12                  ~~from such residents. Staff shall then disinfect the contaminated area using an~~  
13                  ~~appropriate concentration of a disinfectant certified by the manufacturer to be effective~~  
14                  ~~as used. Appropriate concentrations of phenol disinfectant or chlorine bleach may be~~  
15                  ~~used.~~
- 16                  ~~(8) All disposable equipment containing infective waste shall be disposed of in the room where~~  
17                  ~~it is used in sturdy plastic bags and then rebagged outside the room. It shall either be~~  
18                  ~~autoclaved or incinerated prior to disposal in a sanitary landfill.~~
- 19                  ~~(9) A private room is indicated if resident hygiene is poor (e.g., the resident does not wash~~  
20                  ~~hands after touching infective material, contaminates the environment with infective~~  
21                  ~~material, or shares contaminated material with other residents). In general, residents~~  
22                  ~~infected with the same organism may share a room. The resident shall be permitted to~~  
23                  ~~eat with other residents and be encouraged to participate in activities inside and outside~~  
24                  ~~the facility.~~
- 25                  ~~(10) Health care workers with colds or other communicable diseases shall not be assigned to~~  
26                  ~~care for such residents, since the residents are highly vulnerable to infection. Health~~  
27                  ~~care workers with HIV infection or other immunosuppressive disorders should not be~~  
28                  ~~required to work with residents with communicable diseases.~~
- 29   ~~22.3 RESIDENT ISOLATION. Facilities shall provide for the isolation of residents with communicable diseases,~~  
30   ~~as determined by the Department. Facilities shall provide well-ventilated single bed rooms and separate~~  
31   ~~toilet facilities for residents, when indicated.~~
- 32   ~~22.4 SANITATION OF NURSING AND RESIDENT CARE EQUIPMENT. Nursing and resident care equipment~~  
33   ~~shall be properly cleaned, sanitized, disinfected or sterilized, and stored. Nursing care equipment that is~~  
34   ~~to be used internally shall be properly cleaned, sterilized and stored after each use; thermometers shall~~  
35   ~~be properly disinfected.~~
- 36   ~~22.5 DISPOSABLE EQUIPMENT AND SUPPLIES. Single service disposable nursing care equipment shall be~~  
37   ~~used only once and shall be disposed of in an approved manner. Other disposable nursing care~~  
38   ~~equipment shall be used only for the resident to which assigned. Disposable sterile equipment shall be~~  
39   ~~certified by the distributor as sterile and be destroyed after initial use.~~
- 40   ~~22.6 PRESSURIZED STEAM. When pressurized steam sterilizers or equivalents are used, they shall be of~~  
41   ~~approved type and necessary capacity for adequate sterilization and all sterilization equipment shall be~~  
42   ~~maintained in good operating condition. Bacteriological methods shall be used to evaluate the~~  
43   ~~effectiveness of pressurized steam sterilization, by at least monthly testing with records maintained.~~

- 1 ~~22.7 STERILE SOLUTIONS. Water used for sterile solutions shall be distilled and sterilized in flasks that are~~  
2 ~~resistant to heat, chemical and electrical action and are properly sealed, labeled, and stored.~~
- 3 ~~22.8 HANDWASHING. Personnel shall wash their hands after contact with a resident or with a contaminated~~  
4 ~~object and observe the following techniques: 1) Remove watches and rings, and roll sleeves of clothing~~  
5 ~~above elbows; 2) Wash hands and forearms with soap or detergent with friction, not a brush, and rinse~~  
6 ~~under running water; 3) Repeat the washing procedure two or three times; 4) Dry hands with a~~  
7 ~~disposable towel.~~
- 8 ~~22.9 SANITATION OF AIR. Design, installation, and operation of heating/cooling/ventilation system shall insure~~  
9 ~~adequate microbial control of the air.~~
- 10 ~~22.10 PETS. If the facility allows pets, it shall be responsible for their proper care and feeding and shall have~~  
11 ~~them vaccinated and licensed, as appropriate.~~
- 12 **Part 23. PEST CONTROL**
- 13 ~~23.1 INSECT, PEST AND RODENT CONTROL. The facility shall be maintained free of infestations of insects,~~  
14 ~~arachnids, rodents, and other vermin.~~  
15
- 16 ~~23.1.1 The facility shall have a pest control program provided by maintenance personnel or by contract~~  
17 ~~with a pest control company using the least toxic and least flammable effective pesticides. The~~  
18 ~~pesticides shall not be stored in patient or food areas and shall be kept under lock and only~~  
19 ~~properly trained responsible personnel shall be allowed to apply them. The application of~~  
20 ~~pesticides shall conform to applicable State of Colorado Pesticide Applicators' Act, Section 35-~~  
21 ~~40-101, et seq., C.R.S.~~
- 22 ~~23.1.2 Screens or screen doors shall be provided on all exterior openings except where prohibited by~~  
23 ~~fire regulations. Facility doors, door screens, and window screens shall fit with sufficient~~  
24 ~~tightness at their perimeters to exclude vermin.~~
- 25 **Part 24. WASTE DISPOSAL**
- 26 ~~24.1 SEWAGE AND SEWER SYSTEMS. All sewage shall be discharged into a public sewer system, or if such~~  
27 ~~is not available, disposed of in a manner approved by the State and local health authorities and the~~  
28 ~~Colorado Water Quality Control Commission.~~
- 29 ~~24.1.1 When private sewage disposal systems are in use, records of maintenance and the system~~  
30 ~~design plans shall be kept on the premises.~~
- 31 ~~24.1.2 No unprotected exposed sewer line shall be located directly above working, storage or eating~~  
32 ~~surfaces in kitchens, dining rooms, pantries, or food storage rooms, or where medical or nursing~~  
33 ~~supplies are prepared, processed, or stored.~~
- 34 ~~24.2 REFUSE. All garbage and rubbish that is not disposed of as sewage shall be collected in impervious~~  
35 ~~containers in such manner as not to become a nuisance or a health hazard and shall be removed to an~~  
36 ~~outside approved storage area at least once a day.~~
- 37 ~~24.2.1 The refuse storage area shall be kept clean, and free from nuisance.~~
- 38 ~~24.2.2 A sufficient number of impervious containers with tight fitting lids shall be provided and kept~~  
39 ~~clean and in good repair.~~

1 ~~24.3 REFUSE CART. Carts used to transport refuse shall be constructed of impervious materials, enclosed,~~  
2 ~~used solely for refuse, and maintained in a sanitary manner.~~

3 ~~24.4 INCINERATORS. Incinerators shall comply with state and local air pollution regulations and be so~~  
4 ~~constructed as to prevent insect and rodent breeding and harborage. The facility shall obtain a permit to~~  
5 ~~operate an incinerator from the State Air Pollution Control Division and maintain the permit on file. *[Eff.*~~  
6 ~~*04/30/2009]*~~

## 7 **Part 25. PHYSICAL PLANT STANDARDS**

8 ~~25.1 COMPLIANCE WITH FGI GUIDELINES. Effective July 1, 2013, all long term care nursing facilities shall be~~  
9 ~~constructed in conformity with the standards adopted by the Director of the Division of Fire Prevention~~  
10 ~~and Control (DFPC) at the Colorado Department of Public Safety. For construction initiated or systems~~  
11 ~~installed on or after July 1, 2013, that affect patient health and safety and for which DFPC has no~~  
12 ~~applicable standards, each facility shall conform to the relevant section(s) of the Guidelines for Design~~  
13 ~~and Construction of Health Care Facilities, (2010 Edition), Facilities Guidelines Institute. The Guidelines~~  
14 ~~for Design and Construction of Health Care Facilities, (2010 Edition), Facilities Guidelines Institute~~  
15 ~~(FGI), is hereby incorporated by reference and excludes any later amendments to or editions of the~~  
16 ~~Guidelines. The 2010 FGI Guidelines are available at no cost in a read only version at:~~  
17 ~~[http://openpub.realread.com/rrserver/browser?title=/FGI/2010\\_Guidelines](http://openpub.realread.com/rrserver/browser?title=/FGI/2010_Guidelines)~~

## 18 **Part 26. RELIGIOUS TREATMENT EXCLUSIONS**

19 ~~26.1 EXCEPTION OF CERTAIN FACILITIES. Nothing in this Part applies to any nursing facility conducted by~~  
20 ~~or for the adherents of any well recognized church or religious denomination for the purpose of~~  
21 ~~providing facilities for the care and treatment of the sick who depend exclusively upon spiritual means~~  
22 ~~through prayer for healing in the practice of the religion of such church or denomination~~

23 ~~26.2 EXCEPTION FOR RELIGIOUS BELIEFS. Nothing in this chapter authorizes the Department to impose on~~  
24 ~~a resident any mode of treatment inconsistent with the resident's religious belief.~~

## 25 **Part 27. MEDICAID CERTIFICATION STANDARDS**

26 ~~27.1 For the purpose of fulfilling its facility certification responsibilities as the State Survey Agency pursuant to~~  
27 ~~the requirements of Title XIX (Medicaid) of the Social Security Act (42 U.S.C. Section 1396(a), *et seq.*)~~  
28 ~~and the Colorado Medical Assistance Act, Section 25.5-4-104, *et seq.*, C.R.S., the Department shall~~  
29 ~~apply and enforce the Skilled Nursing Facility and Intermediate Care Facility certification standards of~~  
30 ~~the U.S. Department of Health and Human Services as those standards presently exist pursuant to Title~~  
31 ~~XIX. (These standards are presently contained in Title 42 of the Code of Federal Regulations (C.F.R.)).~~

## 32 **Part 28. ENFORCEMENT REMEDIES**

33 ~~28.1 Sections 25-2-107.5 and 25.5-6-205, C.R.S. provide the authority for the Department to recommend to the~~  
34 ~~Department of Health Care Policy and Financing that a civil money penalty imposed against a nursing~~  
35 ~~facility that violates federal regulations for participation in the Medicaid program as enumerated in 42~~  
36 ~~USC 1396r(h) (2006).~~

37 ~~28.2 Collection, enforcement, and assessment of a civil money penalty pursuant to this chapter and the denial~~  
38 ~~of Medicaid payments, shall be the responsibility of the Department of the Health Care Policy and~~  
39 ~~Financing and shall be made upon recommendation of the Department of Public Health and~~  
40 ~~Environment pursuant to section 25.5-6-205, C.R.S.~~

41 ~~28.3 Definitions. For purposes of this part, the following definitions shall apply:~~

- 1                   (a) ~~“Deficiency” or “violation” means any failure to comply with a requirement of participation~~  
2                   ~~for which the facility is required to take some form of corrective action.~~
- 3                   (b) ~~“Enforcement remedy or remedies” means any remedy or combination of remedies, in~~  
4                   ~~accordance with 42 USC 1396r(h) and sections 25-1-107.5 and 25.5-6-205, C.R.S.,~~  
5                   ~~which may be imposed by the Department or recommended by the Department for~~  
6                   ~~imposition by the Department of Health Care Policy and Financing against any nursing~~  
7                   ~~facility which fails to meet any one of the enumerated requirements for participation in~~  
8                   ~~the Medicaid program. Remedies include, but are not limited to:~~
- 9                   ~~(1) a plan of correction,~~
- 10                  ~~(2) a directed plan of correction,~~
- 11                  ~~(3) monitoring of a facility by the state survey agency,~~
- 12                  ~~(4) full or partial bans on admissions,~~
- 13                  ~~(5) denial of payment under the state Medicaid plan with respect to any individual~~  
14                  ~~admitted to the nursing facility involved after such notice to the public and the~~  
15                  ~~facility as may be provided for by law,~~
- 16                  ~~(6) civil money penalties,~~
- 17                  ~~(7) temporary management,~~
- 18                  ~~(8) termination of the facility's participation under the state plan, and~~
- 19                  ~~(9) receivership as provided by section 25-3-108, C.R.S.~~
- 20                  (c) ~~“HCPF” means the Colorado Department of Health Care Policy and Financing.~~
- 21                  (d) ~~“Nursing facility” means any skilled or intermediate nursing care facility which receives~~  
22                  ~~federal and state funds under the Title XIX of the federal Social Security Act.~~
- 23                  (e) ~~“Nursing Home Penalty Cash Fund” means the fund created pursuant to section 25.5-6-~~  
24                  ~~205, C.R.S.~~
- 25                  (f) ~~“Plan of correction” means a written plan prepared by the facility and approved by the~~  
26                  ~~department that describes the actions the facility will take to correct noted deficiencies~~  
27                  ~~and specifically sets the date the corrective action will be accomplished.~~
- 28                  (g) ~~“Requirements of participation” means those requirements of participation in the medicaid~~  
29                  ~~program as enumerated in 42 USC 1396r (h) of the federal Omnibus Budget~~  
30                  ~~Reconciliation Act of 1987, 1989, and 1990, regulations promulgated pursuant to those~~  
31                  ~~acts, and section 25-1-107.5, C.R.S.~~
- 32                  (h) ~~“Secretary” means the secretary of the federal department of Health and Human Services.~~
- 33                  (i) ~~“Scope” means the frequency of the occurrence of the deficiency in one of the following~~  
34                  ~~levels:~~
- 35                  ~~(1) Level 1. The deficiency exists in only one or a limited number of cases.~~

- 1                   ~~(2) Level 2. The deficiency exists in more than a limited number of cases, but no~~  
2                   ~~pattern can be identified.~~
- 3                   ~~(3) Level 3. The deficiency exists in more than a limited number of cases and indicates~~  
4                   ~~a pattern.~~
- 5                   ~~(4) Level 4. The deficiency occurs in sufficient number among residents or staff or with~~  
6                   ~~sufficient regularity that it can be considered systemic/pervasive.~~
- 7                   ~~(j) "Severity" means the seriousness of the deficiency in one of the following levels:~~
- 8                   ~~(1) Level 1. Any deficiency not meeting the criteria for Levels 2, 3, or 4.~~
- 9                   ~~(2) Level 2. Any deficiency which may result in a negative outcome to the resident or~~  
10                  ~~residents.~~
- 11                  ~~(3) Level 3. Any deficiency which has resulted in a negative outcome to the resident or~~  
12                  ~~residents.~~
- 13                  ~~(4) Level 4. Any deficiency which has a high probability that serious harm or serious~~  
14                  ~~injury to residents could occur at any time, or already has occurred and may~~  
15                  ~~well occur again if residents are not protected effectively from the harm, or the~~  
16                  ~~threat is not removed.~~
- 17                  ~~(k) "Temporary management" means the temporary utilization of a substitute manager~~  
18                  ~~pursuant to either an agreement between the licensee and the department or pursuant~~  
19                  ~~to section 25-3-108, et seq., C.R.S.~~
- 20                  ~~(l) "Negative outcome" means that the impact of the facility's deficient practice on the resident~~  
21                  ~~or residents is:~~
- 22                  ~~(1) The physical, mental or psychosocial deterioration of the resident or residents, or~~
- 23                  ~~(2) The ability of the resident or residents to achieve the highest practicable physical,~~  
24                  ~~mental, or psychosocial well being has been compromised.~~
- 25                  ~~(m) "Repeat deficiency" means a subsequent deficiency with comparable circumstances or the~~  
26                  ~~same tag number, unless the department determines that the circumstances of the~~  
27                  ~~previous deficiency are so dissimilar that it would not be proper to consider the~~  
28                  ~~deficiency to be a repeat.~~
- 29   28.4 If the Department, as a result of a standard survey, extended survey, or verified complaint or other  
30    investigation by the Department at any time upon reasonable cause, determines that a facility fails to  
31    meet the requirements of participation as defined herein and further determines that such failure places  
32    the health or safety of the facility's residents in serious and immediate jeopardy, the Department shall  
33    take immediate action to remove such jeopardy and correct the deficiency, by either:
- 34                  ~~(a) temporary management, or~~
- 35                  ~~(b) termination of the facility's participation in the state plan.~~
- 36   28.4.1 In addition to the action taken pursuant to 28.4, the Department may apply any other remedy as  
37    provided by law or regulation.

1 ~~28.4.2 If the Department, as a result of a standard survey, extended survey, or verified complaint or~~  
2 ~~other investigation by the Department at any time upon reasonable cause, determines that a~~  
3 ~~facility fails to meet the requirements of participation and further determines that such failure~~  
4 ~~does not place the health or safety of the facility's residents in serious and immediate jeopardy,~~  
5 ~~the Department may take action to correct the deficiency including the application of any~~  
6 ~~remedy designed to minimize the length of time between the identification of a deficiency~~  
7 ~~indicating failure to meet a requirement of participation and the correction of that deficiency.~~  
8 ~~Such a remedy shall not be limited to those remedies enumerated in 28.3(b).~~

9 ~~28.5 In determining which remedies to apply, the Department shall consider the severity of the deficiency and~~  
10 ~~shall, in addition to any other remedies provided by law or regulation, impose the remedies provided by~~  
11 ~~28.3(b) as follows:~~

12 ~~(a) For a deficiency of severity Level 1, the Department shall impose the remedy specified in~~  
13 ~~28.3(b)(1) and may impose the remedies specified in 28.3(b)(2). For a repeat deficiency~~  
14 ~~within a fifteen (15) month period, the Department shall impose the remedy specified in~~  
15 ~~28.3(b)(1), or (2), and may impose the remedy specified in 28.3(b)(6).~~

16 ~~(b) For a deficiency of severity Level 2, the Department shall impose the remedies specified in~~  
17 ~~28.3(b)(1), or (2), and may impose the remedies specified in 28.3(b)(3) and/or (6). For a~~  
18 ~~repeat deficiency within a fifteen (15) month period, the Department shall impose the~~  
19 ~~remedies specified in 28.3(b)(1) or (2) and may impose the remedies specified in~~  
20 ~~28.3(b)(3) and/or (6).~~

21 ~~(c) For a deficiency of severity Level 3, the Department shall impose the remedies specified in~~  
22 ~~28.3(b)(1) or (2), and if the scope of the deficiency is Level 4, shall impose the remedies~~  
23 ~~specified in 28.3(b)(3) or (4) or (5) or (6), and may impose any available remedies. For~~  
24 ~~a repeat deficiency within a fifteen (15) month period, the Department shall impose the~~  
25 ~~remedies specified in 28.3(b)(1) or (2), and (3), or (4), or (5), or (6) and may impose any~~  
26 ~~available remedy.~~

27 ~~(d) For a deficiency of severity Level 4, the Department shall impose the remedies specified in~~  
28 ~~28.3(b)(1) or (2), and (6) and (7) or (8). In addition, the Department may impose any~~  
29 ~~other available remedy. For a repeat deficiency within a fifteen (15) month period, the~~  
30 ~~Department shall impose the remedies specified in 28.3(b)(2) and (6) and (7) or (8). In~~  
31 ~~addition, the Department may impose any available remedy.~~

32 ~~28.6 The Department shall make a recommendation in a timely manner to HCPF that a civil money penalty be~~  
33 ~~assessed against a facility for failure to comply with a requirement of participation if the Department~~  
34 ~~determines that a civil money penalty is an appropriate remedy.~~

35 ~~(a) The Department shall consider all mitigating factors, including but not limited to, a change of~~  
36 ~~ownership of the facility subject to the approval of the Department as provided in 6 CCR~~  
37 ~~1011-1, Chapter II.~~

38 ~~(b) A civil money penalty shall not be recommended under circumstances where the relevant~~  
39 ~~deficiency occurred for reasons outside the nursing facility's reasonable control or~~  
40 ~~despite reasonable, good faith efforts to avoid the deficiency.~~

41 ~~28.7 Pursuant to 25-1-107.5, C.R.S., if the Department determines that recommendation of a civil money~~  
42 ~~penalty is appropriate, the Department shall adopt criteria for determining the amount of the penalty to~~  
43 ~~be recommended for assessment by HCPF. Such criteria shall include, but need not be limited to,~~  
44 ~~consideration of the following factors:~~

45 ~~(a) The period of time over which the violation occurred;~~

- 1                    ~~(b) The frequency of the violation;~~
- 2                    ~~(c) The nursing facility's history concerning the type of violation for which the penalty is~~  
3                    ~~assessed;~~
- 4                    ~~(d) The nursing facility's intent or reason for the violation;~~
- 5                    ~~(e) The effect, if any, of the violation on residents' health, safety, security, or welfare; i.e.,~~  
6                    ~~severity;~~
- 7                    ~~(f) The existence of other violations, in combination with the violation for which the penalty is~~  
8                    ~~assessed, which increase the threat to residents' health, safety, security, or welfare;~~
- 9                    ~~(g) The accuracy, thoroughness and availability of records regarding the violation which the~~  
10                   ~~nursing facility is required to maintain; and~~
- 11                   ~~(h) The number of additional related violations occurring within the same time span as the~~  
12                   ~~violation in question.~~
- 13                   ~~28.7.1 In determining the amount of a civil money penalty, multiple violations of different requirements~~  
14                   ~~of participation resulting from a single act shall be considered as one violation. However, this~~  
15                   ~~shall not preclude their consideration under 28.7(f) or (h) above.~~
- 16                   ~~28.7.2 Any civil money penalty which is recommended to HCPF for imposition by that Department shall~~  
17                   ~~be not less than \$100 nor more than \$10,000 for each day the facility is found to have been in~~  
18                   ~~violation of the federal regulations. Penalties assessed shall include interest at the statutory~~  
19                   ~~rate.~~
- 20                   ~~28.7.3 Any such civil money penalty shall accrue from the date the facility receives written notice from~~  
21                   ~~the Department regarding its recommendation of a civil money penalty. In the event the~~  
22                   ~~Department determines that a violation is life threatening to one or more residents or creates a~~  
23                   ~~direct threat or serious adverse harm to the health, safety, security, rights or welfare of one or~~  
24                   ~~more residents, a penalty shall be imposed for each day the deficiencies which constitute the~~  
25                   ~~violation are found to exist. The period of time during which the civil money penalty accrues~~  
26                   ~~shall be as follows:~~
- 27                   ~~(a) No longer than six (6) months in the case of non-serious or non-immediate threat.~~
- 28                   ~~(b) Until the Department verifies the deficiency is corrected or the facility notifies the~~  
29                   ~~Department that the deficiency is corrected, whichever is earlier.~~
- 30                   ~~(1) If the facility acts in a timely and diligent manner to correct the violation in~~  
31                   ~~accordance with a plan of correction as agreed to by the Department, the~~  
32                   ~~Department shall recommend to HCPF that the penalty be suspended or~~  
33                   ~~reduced for the period of the plan of correction.~~
- 34                   ~~(2) In the event the facility has not corrected the violation, pursuant to the notice~~  
35                   ~~provided by the facility, the penalty shall be reinstated at an increased amount~~  
36                   ~~retroactive to the date the penalty was tolled.~~
- 37                   ~~(3) For the purposes of this provision, the plan of correction must contain a reasonable~~  
38                   ~~and appropriate plan of action and timetable to completely correct the~~  
39                   ~~deficiency. This provision (plan of correction) shall not apply in cases of repeat~~  
40                   ~~deficiencies or those with a severity level of 4.~~

- 1 ~~28.8 The Department shall notify the facility, by personal service, first class mail, or electronic transmission~~  
2 ~~("fax"), of its recommendation of the imposition of a civil money penalty and the amount of any such~~  
3 ~~penalty not later than the fifth day following the last day of the inspection or survey on which the~~  
4 ~~deficiencies which constitute the violation were found. The notice shall explain the deficiencies that are~~  
5 ~~the basis for the recommendation and shall provide instructions for responding to the notice, including~~  
6 ~~that the facility submit a written plan of correction.~~  
7
- 8 ~~28.8.1 After notice pursuant to 28.8 above, a facility may notify the Department of the correction of the~~  
9 ~~deficiency for which the civil money penalty is being recommended. Such initial notice to the~~  
10 ~~Department may be given by telephone, electronic transmission ("fax"), or in person, but shall~~  
11 ~~be documented by a writing postmarked within five (5) business days of the initial notification to~~  
12 ~~the Department.~~
- 13 ~~28.8.2 It shall be the responsibility of HCPF pursuant to section 25.5-6-205, C.R.S., to provide for an~~  
14 ~~appeal process for any facility which has a civil money penalty assessed against it for failure to~~  
15 ~~meet a requirement of participation.~~
- 16 ~~28.9 If a facility fails to correct a deficiency or deficiencies within three (3) months after the date the facility is~~  
17 ~~found by HCPF to be out of compliance with a requirement of participation pursuant to 25-1-107.5,~~  
18 ~~C.R.S., the Department shall recommend to HCPF denial of payment under the state plan with respect~~  
19 ~~to any individual admitted to the facility involved after such notice to the public and the facility as is~~  
20 ~~provided for by the state.~~
- 21 ~~28.10 If a facility has provided a substandard quality of care to the residents as evidenced by three consecutive~~  
22 ~~standard surveys, the Department shall take the actions set forth in (a) and (b) below and may take any~~  
23 ~~such additional action allowed by statute or regulation, including recommending that a civil money~~  
24 ~~penalty be imposed by HCPF.~~
- 25 ~~(a) Recommend to HCPF that payment be denied under the state plan with regard to any~~  
26 ~~individual admitted to the facility involved after such notice to the public and to the~~  
27 ~~facility as may be provided for by the state; and~~
- 28 ~~(b) Monitor the facility until such time as it has demonstrated to the satisfaction of the~~  
29 ~~Department that it is in compliance with the requirements and that it has the~~  
30 ~~management capacity to remain in compliance.~~
- 31 ~~28.11 Nothing in this Part shall preclude the Department from recommending alternative remedies as provided~~  
32 ~~by law so long as such remedy or remedies are deemed to be at least as effective in correcting the~~  
33 ~~violation and deterring future violations as those remedies enumerated in the federal Omnibus Budget~~  
34 ~~Reconciliation Act of 1987, 1989, and 1990, 42 USC 1396r(h).~~
- 35 ~~28.11.1 Nothing in this Part shall be construed as limiting, negating, or superseding any other remedy~~  
36 ~~available for use by the Department to correct a deficiency or deficiencies. In recommending or~~  
37 ~~selecting a particular remedy, the primary consideration shall be the selection of the remedy or~~  
38 ~~remedies most likely to achieve correction of the relevant deficiency and long term compliance.~~
- 39 ~~28.12 The Department shall, in conjunction with HCPF, establish circumstances under which the funds of the~~  
40 ~~Nursing Home Penalty Cash Fund may be disbursed in order to protect the health or property of~~  
41 ~~residents. Those circumstances shall include, but not be limited to, the following:~~
- 42 ~~(a) relocating residents to other facilities if necessary;~~
- 43 ~~(b) maintaining the operation of a facility pending completion of a plan of correction or directed~~  
44 ~~plan of correction;~~

1                   ~~(c) maintaining the operation of a facility pending closure; and~~

2                   ~~(d) reimbursing residents for personal funds lost.~~

3                   ~~28.12.1 Neither the Department nor HCPF may use money from the Nursing Home Penalty Cash Fund~~  
4                   ~~to pay the costs of administration of those departments.~~

5                   ~~28.12.2 At the end of the fiscal year, all unexpended and unencumbered moneys remaining in the~~  
6                   ~~Nursing Home Penalty Cash Fund must remain in the fund and may not be transferred or~~  
7                   ~~credited to the general fund.~~

8                   ~~**Part 29. LICENSING FEES**~~

9                   ~~29.1 All license fees are non-refundable. The total fee shall be submitted with the appropriate license~~  
10                   ~~application.~~

11                   ~~29.2 Initial license—\$6,000 per facility.~~

12                   ~~29.3 Renewal license—Effective April 1, 2011, the annual renewal fee shall be as follows:~~

13                   ~~Medicare and/or Medicaid certified facility: \$1,600 base fee plus \$8 per bed.~~

14                   ~~Non-certified facility: \$3,480 base fee plus \$8 per bed.~~

15                   ~~29.4 Change of ownership—Change of ownership shall be determined in accordance with the criteria set forth~~  
16                   ~~in 6 CCR 1011-1, Chapter II, Part 2. The fee shall be \$6,000 per facility.~~

17                   ~~29.5 Opening a secure unit—A facility that wishes to open a secure unit shall submit a fee of \$1,600 in addition~~  
18                   ~~to any other applicable license fees.~~

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19

1	<b>DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT</b>
2	<b>Health Facilities and Emergency Medical Services Division</b>
3	<b>STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 5 - NURSING CARE FACILITIES</b>
4	<b>6 CCR 1011-1 Chap 05</b>
5	
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34	<b>SECTION 28 - WASTE DISPOSAL</b>
35	<b>SECTION 29 - RELIGIOUS TREATMENT EXCLUSIONS</b>
36	<b>SECTION 30 - MEDICAID CERTIFICATION STANDARDS</b>
37	<b>SECTION 31 - ENFORCEMENT ACTIVITIES</b>
38	<b>SECTION 32 - LICENSING FEES</b>

1 **SECTION 1 - STATUTORY AUTHORITY AND APPLICABILITY**

- 2 1.1 THE STATUTORY AUTHORITY FOR THE PROMULGATION OF THESE RULES IS SET FORTH IN SECTIONS 25-1-107.5,  
3 25-1.5-103 AND 25-3-101, ET SEQ., C.R.S.
- 4 1.2 A NURSING CARE FACILITY SHALL COMPLY WITH ALL APPLICABLE FEDERAL AND STATE STATUTES AND  
5 REGULATIONS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:
- 6 A) THIS CHAPTER 5;
- 7 B) 6 CCR 1011-1, CHAPTER 2, GENERAL LICENSURE STANDARDS;
- 8 C) 6 CCR 1010-2, COLORADO RETAIL FOOD ESTABLISHMENTS; AND
- 9 D) 6 CCR 1007-2, PART 1, REGULATIONS PERTAINING TO SOLID WASTE SITES AND FACILITIES,  
10 SECTION 13, MEDICAL WASTE.
- 11 1.3 THIS REGULATION INCORPORATES BY REFERENCE (AS INDICATED WITHIN) MATERIAL ORIGINALLY PUBLISHED  
12 ELSEWHERE. SUCH INCORPORATION, HOWEVER, EXCLUDES LATER AMENDMENTS TO OR EDITIONS OF THE  
13 REFERENCED MATERIAL. PURSUANT TO SECTION 24-4-103 (12.5), C.R.S., THE HEALTH FACILITIES AND  
14 EMERGENCY MEDICAL SERVICES DIVISION OF THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND  
15 ENVIRONMENT MAINTAINS COPIES OF THE INCORPORATED TEXTS IN THEIR ENTIRETY WHICH SHALL BE AVAILABLE  
16 FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT:
- 17
- 18 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
19 HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION  
20 4300 CHERRY CREEK DRIVE SOUTH  
21 DENVER, COLORADO 80246-1530  
22 PHONE: 303-692-2800
- 23 CERTIFIED COPIES OF MATERIAL WILL BE PROVIDED BY THE DIVISION, AT COST, UPON REQUEST. ADDITIONALLY,  
24 ANY MATERIAL THAT HAS BEEN INCORPORATED BY REFERENCE MAY BE EXAMINED IN ANY STATE PUBLICATIONS  
25 DEPOSITORY LIBRARY. COPIES OF THE INCORPORATED MATERIALS HAVE BEEN SENT TO THE STATE  
26 PUBLICATIONS DEPOSITORY AND DISTRIBUTION CENTER, AND ARE AVAILABLE FOR INTERLIBRARY LOAN.

27 **SECTION 2 - DEFINITIONS**

- 28 AT-RISK ELDER MEANS A PERSON AGE 70 AND OLDER.
- 29 DEPARTMENT MEANS THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.
- 30 DESIGNATED FACILITY MEANS AN AGENCY THAT HAS APPLIED AND BEEN APPROVED BY THE DEPARTMENT OF HUMAN  
31 SERVICES TO PROVIDE MENTAL HEALTH SERVICES.
- 32 ENFORCEMENT ACTIVITY MEANS THE IMPOSITION OF REMEDIES SUCH AS CIVIL MONEY PENALTIES; APPOINTMENT OF A  
33 RECEIVER OR TEMPORARY MANAGER; CONDITIONAL LICENSURE; SUSPENSION OR REVOCATION OF A LICENSE; A DIRECTED  
34 PLAN OF CORRECTION; INTERMEDIATE RESTRICTIONS OR CONDITIONS, INCLUDING RETAINING A CONSULTANT,  
35 DEPARTMENT MONITORING OR PROVIDING ADDITIONAL TRAINING TO EMPLOYEES, OWNERS OR OPERATORS; OR ANY  
36 OTHER REMEDY PROVIDED BY STATE OR FEDERAL LAW OR AS AUTHORIZED BY FEDERAL SURVEY, CERTIFICATION, AND  
37 ENFORCEMENT REGULATIONS AND AGREEMENTS FOR VIOLATIONS OF FEDERAL OR STATE LAW.
- 38 GOVERNING BODY MEANS THE INDIVIDUAL, GROUP OF INDIVIDUALS OR CORPORATE ENTITY THAT HAS ULTIMATE  
39 AUTHORITY AND LEGAL RESPONSIBILITY FOR THE OPERATION OF THE FACILITY.

- 1 MEDICAL DIRECTOR MEANS A PHYSICIAN WHO OVERSEES THE MEDICAL CARE AND OTHER DESIGNATED CARE AND  
2 SERVICES IN THE FACILITY.
- 3 NON-PHYSICIAN PRACTITIONER MEANS A PHYSICIAN ASSISTANT OR ADVANCE PRACTICE NURSE (I.E., NURSE  
4 PRACTITIONER OR CLINICAL NURSE SPECIALIST).
- 5 NURSING CARE FACILITY MEANS A LICENSED HEALTH CARE ENTITY THAT IS PLANNED, ORGANIZED, OPERATED AND  
6 MAINTAINED TO PROVIDE SUPPORTIVE, RESTORATIVE AND PREVENTATIVE SERVICES TO PERSONS WHO, DUE TO PHYSICAL  
7 AND/OR MENTAL DISABILITY, REQUIRE CONTINUOUS OR REGULAR INPATIENT NURSING CARE.
- 8 PLACEMENT FACILITY MEANS A PUBLIC OR PRIVATE NURSING CARE FACILITY THAT HAS A WRITTEN AGREEMENT WITH A  
9 DESIGNATED FACILITY TO PROVIDE CARE AND TREATMENT TO ANY INDIVIDUAL UNDERGOING MENTAL HEALTH EVALUATION  
10 OR TREATMENT BY THE DESIGNATED FACILITY.
- 11 PRACTITIONER MEANS PHYSICIAN AND NON-PHYSICIAN PRACTITIONER.
- 12 RESIDENT REPRESENTATIVE MEANS AN INDIVIDUAL OF THE RESIDENT'S CHOICE WHO HAS ACCESS TO INFORMATION AND  
13 PARTICIPATES IN HEALTH CARE DISCUSSIONS OR A PERSONAL REPRESENTATIVE WITH LEGAL STANDING INCLUDING, BUT  
14 NOT LIMITED TO, POWER OF ATTORNEY; MEDICAL POWER OF ATTORNEY; LEGAL GUARDIAN OR HEALTH CARE SURROGATE  
15 APPOINTED OR DESIGNATED IN ACCORDANCE WITH STATE LAW.
- 16 SKILLED NURSING CARE FACILITY MEANS A NURSING CARE FACILITY THAT IS FEDERALLY CERTIFIED BY THE CENTERS FOR  
17 MEDICARE AND MEDICAID SERVICES.
- 18 TELEHEALTH MEANS A MODE OF DELIVERY OF HEALTH CARE SERVICES THROUGH TELECOMMUNICATION SYSTEMS,  
19 INCLUDING INFORMATION, ELECTRONIC, AND COMMUNICATION TECHNOLOGIES, TO FACILITATE THE ASSESSMENT,  
20 DIAGNOSIS, CONSULTATION, TREATMENT, EDUCATION AND CARE MANAGEMENT OF A RESIDENT'S HEALTH CARE WHEN THE  
21 RESIDENT AND PRACTITIONER ARE LOCATED AT DIFFERENT SITES. TELEHEALTH INCLUDES "TELEMEDICINE" AS DEFINED IN  
22 SECTION 12-36-102.5, C.R.S.

### 23 SECTION 3 - GOVERNING BODY

#### 24 3.1 DUTIES

- 25 A) THE GOVERNING BODY SHALL PROVIDE THE NECESSARY FACILITIES, QUALIFIED PERSONNEL, AND  
26 SERVICES TO MEET THE TOTAL NEEDS OF THE FACILITY'S RESIDENTS.
- 27 B) THE GOVERNING BODY SHALL APPOINT FOR THE FACILITY A FULL-TIME ADMINISTRATOR WITH AN ACTIVE  
28 COLORADO NURSING HOME ADMINISTRATOR LICENSE AND DELEGATE TO THAT ADMINISTRATOR THE  
29 EXECUTIVE AUTHORITY AND FULL RESPONSIBILITY FOR DAY-TO-DAY ADMINISTRATION OF THE FACILITY.
- 30 C) THE GOVERNING BODY SHALL BE RESPONSIBLE FOR THE PERFORMANCE OF ALL PERSONS PROVIDING  
31 SERVICES WITHIN THE FACILITY.

#### 32 3.2 STRUCTURE

33 IF THE GOVERNING BODY INCLUDES MORE THAN ONE INDIVIDUAL, THE GROUP SHALL BE FORMALLY ORGANIZED  
34 WITH A WRITTEN CONSTITUTION OR ARTICLES OF INCORPORATION AND BY-LAWS; HOLD REGULAR, PERIODIC  
35 MEETINGS; AND MAINTAIN MEETING RECORDS.

#### 36 3.3 QUALITY ASSURANCE

37 THE GOVERNING BODY SHALL ENSURE THAT THE FACILITY HAS A QUALITY MANAGEMENT PROGRAM THAT  
38 EVALUATES THE QUALITY OF RESIDENT CARE AND SAFETY AND MEETS ALL THE REQUIREMENTS SET FORTH IN 6

1 CCR 1011-2, CHAPTER 2, GENERAL LICENSURE STANDARDS, PART 3.1. THE FACILITY SHALL HAVE A  
2 COMMITTEE THAT MEETS MONTHLY TO ADDRESS THE REQUIRED QUALITY MANAGEMENT ACTIVITIES.

### 3 **SECTION 4 - FACILITY ADMINISTRATION**

#### 4 4.1 ADMINISTRATOR

5 THE FACILITY SHALL EMPLOY AN ADMINISTRATOR WHO IS RESPONSIBLE TO THE GOVERNING BODY FOR  
6 PLANNING, ORGANIZING, DEVELOPING AND CONTROLLING THE OPERATIONS OF THE FACILITY.

7 A) THE ADMINISTRATOR SHALL HAVE AN ACTIVE COLORADO NURSING HOME ADMINISTRATOR LICENSE.

8 B) THE ADMINISTRATOR SHALL BE RESPONSIBLE FOR, AT A MINIMUM, THE FOLLOWING DUTIES:

9 1) ACTING AS A LIAISON AMONG THE GOVERNING BODY, MEDICAL STAFF AND PRACTITIONERS  
10 WHOSE PATIENTS RESIDE IN THE FACILITY;

11 2) MANAGING FACILITY PERSONNEL AND FINANCES;

12 3) PROVIDING FOR APPROPRIATE RESIDENT CARE;

13 4) MAINTAINING RELATIONSHIPS WITH THE COMMUNITY AND WITH OTHER HEALTH CARE  
14 FACILITIES, ORGANIZATIONS AND SERVICES;

15 5) ENSURING FACILITY AND STAFF COMPLIANCE WITH ALL REGULATIONS; AND

16 6) ANY OTHER RESPONSIBILITIES REQUIRED BY FACILITY POLICY OR THE GOVERNING BODY.

#### 17 4.2 ORGANIZATION

18 THE FACILITY SHALL HAVE A WRITTEN PLAN OF ORGANIZATION CLEARLY DEFINING THE AUTHORITY,  
19 RESPONSIBILITIES AND FUNCTIONS OF EACH CATEGORY OF PERSONNEL.

#### 20 4.3 POLICIES

21 IN CONSULTATION WITH THE MEDICAL DIRECTOR, ONE OR MORE REGISTERED NURSES AND OTHER RELATED  
22 HEALTH CARE PROFESSIONALS, THE ADMINISTRATOR SHALL DEVELOP AND AT LEAST ANNUALLY REVIEW WRITTEN  
23 RESIDENT CARE POLICIES AND PROCEDURES THAT GOVERN RESIDENT CARE IN THE FOLLOWING AREAS:  
24 NURSING; HOUSEKEEPING; MAINTENANCE; SANITATION; INFECTION CONTROL; MEDICAL, DENTAL, DIETARY,  
25 DIAGNOSTIC, EMERGENCY AND PHARMACEUTICAL CARE; SOCIAL SERVICES; ACTIVITIES; REHABILITATION;  
26 PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY; RESIDENT ADMISSION, TRANSFER, AND DISCHARGE;  
27 NOTIFYING PRACTITIONER AND RESIDENT REPRESENTATIVE OF RESIDENT'S INCIDENTS, ACCIDENTS AND  
28 CHANGES OF STATUS; DISASTERS; AND HEALTH INFORMATION RECORDS; ALONG WITH ANY OTHER POLICIES THE  
29 DEPARTMENT DETERMINES THE FACILITY NEEDS BASED ON ITS CHARACTERISTICS OF ITS RESIDENT POPULATION.

#### 30 4.4 FACILITY STAFFING PLAN

31 THE FACILITY SHALL HAVE A MASTER STAFFING PLAN FOR PROVIDING STAFFING IN COMPLIANCE WITH THESE  
32 REGULATIONS; DISTRIBUTION OF PERSONNEL; REPLACEMENT OF PERSONNEL AND FORECASTING FUTURE  
33 PERSONNEL NEEDS.

#### 34 4.5 POSTING DEFICIENCIES

1 THE FACILITY SHALL POST CONSPICUOUSLY IN PUBLIC VIEW EITHER THE STATEMENT OF DEFICIENCIES  
2 FOLLOWING ITS MOST RECENT SURVEY OR A NOTICE STATING THE LOCATION AND TIMES AT WHICH THE  
3 STATEMENT CAN BE REVIEWED.

#### 4 4.6 WAIVERS

5 A FACILITY MAY REQUEST WAIVERS TO THESE REGULATIONS PURSUANT TO 6 CCR 1011-1, CHAPTER 2,  
6 GENERAL LICENSURE STANDARDS, PART 4, WAIVER OF REGULATIONS FOR HEALTH CARE ENTITIES.

#### 7 4.7 MANDATORY REPORTING

8  
9 A) FACILITY PERSONNEL ENGAGED IN THE ADMISSION, CARE OR TREATMENT OF AT-RISK ELDERS SHALL  
10 REPORT SUSPECTED PHYSICAL OR SEXUAL ABUSE, EXPLOITATION AND CARETAKER NEGLECT TO LAW  
11 ENFORCEMENT WITHIN 24 HOURS OF OBSERVATION OR DISCOVERY PURSUANT TO SECTION 18-6.5-  
12 108, C.R.S.

13 B) FACILITIES SHALL COMPLY WITH ALL OCCURRENCE AND MANDATORY REPORTING REQUIRED BY STATE  
14 AND FEDERAL LAW INCLUDING, BUT NOT LIMITED TO, NOTIFYING THE DEPARTMENT OF THE FOLLOWING  
15 ITEMS WITHIN 24 HOURS OF DISCOVERY BY THE FACILITY.

16 1) ANY OCCURRENCE INVOLVING NEGLIGENCE OF A RESIDENT BY FAILURE TO PROVIDE GOODS AND  
17 SERVICES NECESSARY TO AVOID THE RESIDENT'S PHYSICAL HARM OR MENTAL ANGUISH;

18 2) ANY OCCURRENCE INVOLVING ABUSE OF A RESIDENT BY THE WILLFUL INFLICTION OF INJURY,  
19 UNREASONABLE CONFINEMENT, INTIMIDATION OR PUNISHMENT WITH RESULTING PHYSICAL  
20 HARM, PAIN OR MENTAL ANGUISH;

21 3) ANY OCCURRENCE INVOLVING AN INJURY OF UNKNOWN SOURCE WHERE THE SOURCE OF THE  
22 INJURY COULD NOT BE EXPLAINED AND THE INJURY IS SUSPICIOUS BECAUSE OF THE EXTENT OR  
23 LOCATION OF THE INJURY; AND

24 4) ANY OCCURRENCE INVOLVING MISAPPROPRIATION OF A RESIDENT'S PROPERTY INCLUDING THE  
25 DELIBERATE MISPLACEMENT, EXPLOITATION OR WRONGFUL USE OF A RESIDENT'S BELONGINGS  
26 OR MONEY WITHOUT THE RESIDENT'S CONSENT.

### 27 SECTION 5 - ADMISSIONS

#### 28 5.1 RESTRICTIONS

29 THE FACILITY SHALL ADMIT ONLY THOSE PERSONS WHOSE NEEDS IT CAN MEET WITHIN THE ACCOMMODATIONS  
30 AND SERVICES IT PROVIDES.

31 A) NO RESIDENT SHALL BE ADMITTED FOR INPATIENT CARE TO ANY ROOM OR AREA OTHER THAN ONE  
32 REGULARLY DESIGNATED AND EQUIPPED AS A RESIDENT BEDROOM.

33 B) THERE SHALL BE NO MORE THAN FOUR RESIDENTS ADMITTED TO A BEDROOM.

#### 34 5.2 BED HOLD POLICIES

35 THE FACILITY SHALL DEVELOP POLICIES FOR HOLDING BEDS AVAILABLE FOR RESIDENTS WHO ARE TEMPORARILY  
36 ABSENT FROM THE FACILITY, PROVIDE A COPY OF THE POLICY UPON ADMISSION AND EXPLAIN THESE POLICIES TO  
37 RESIDENTS UPON ADMISSION AND BEFORE EACH TEMPORARY ABSENCE.

#### 38 5.3 RESIDENT IDENTIFICATION

1 THE FACILITY SHALL HAVE A MECHANISM FOR IDENTIFICATION OF RESIDENTS.

## 2 SECTION 6 - PERSONNEL

### 3 6.1 POLICIES

4 THE FACILITY SHALL MAINTAIN WRITTEN APPROVED PERSONNEL POLICIES, JOB DESCRIPTIONS AND RULES  
5 PRESCRIBING THE CONDITIONS OF EMPLOYMENT, MANAGEMENT OF EMPLOYEES AND QUALITY AND QUANTITY OF  
6 RESIDENT CARE TO BE PROVIDED.

7 A) THE FACILITY SHALL COMPLETE A JOB-SPECIFIC ORIENTATION FOR ALL NEW EMPLOYEES WITHIN 90  
8 DAYS OF EMPLOYMENT.

9 B) ALL PERSONNEL SHALL BE INFORMED OF THE PURPOSE AND OBJECTIVES OF THE FACILITY.

10 C) ALL PERSONNEL SHALL BE PROVIDED ACCESS TO THE FACILITY'S PERSONNEL POLICIES AND THE  
11 FACILITY SHALL PROVIDE EVIDENCE THAT EACH EMPLOYEE HAS REVIEWED THEM.

### 12 6.2 DEPARTMENTS

13 EACH DEPARTMENT OF THE FACILITY SHALL BE UNDER THE DIRECTION OF A PERSON QUALIFIED BY TRAINING,  
14 EXPERIENCE, AND ABILITY TO DIRECT EFFECTIVE SERVICES.

15 A) THE FACILITY SHALL PROVIDE A SUFFICIENT NUMBER OF QUALIFIED PERSONNEL IN EACH DEPARTMENT  
16 TO EFFECTIVELY OPERATE THE DEPARTMENT AND COMPLY WITH STATE AND FEDERAL REQUIREMENTS.

17 B) ALL PERSONS ASSIGNED TO DIRECT RESIDENT CARE SHALL BE PREPARED THROUGH FORMAL  
18 EDUCATION OR ON-THE-JOB TRAINING IN THE PRINCIPLES, POLICIES, PROCEDURES, AND APPROPRIATE  
19 TECHNIQUES OF RESIDENT CARE. THE FACILITY SHALL PROVIDE EDUCATIONAL PROGRAMS FOR  
20 EMPLOYEES TO BE INFORMED OF NEW METHODS AND TECHNIQUES.

### 21 6.3 STAFF DEVELOPMENT

22 THE NURSING CARE FACILITY SHALL EMPLOY STAFF WHO SHALL BE RESPONSIBLE FOR COORDINATING  
23 ORIENTATION, IN-SERVICE, ON-THE-JOB TRAINING AND CONTINUING EDUCATION PROGRAMS, AND FOR  
24 DETERMINING THAT FACILITY PERSONNEL HAVE BEEN PROPERLY TRAINED AND ARE IMPLEMENTING THE RESULTS  
25 OF THEIR TRAINING. THE OBJECTIVE OF THIS STANDARD IS THAT STAFF BE APPROPRIATELY TRAINED IN  
26 NECESSARY ASPECTS OF RESIDENT CARE TO CARRY OUT THEIR JOB RESPONSIBILITIES.

27 A) THE IDENTIFIED STAFF SHALL HAVE EXPERIENCE IN AND ABILITY TO PREPARE AND COORDINATE IN-  
28 SERVICE EDUCATION AND TRAINING PROGRAMS FOR ADULT LEARNERS IN THE AREA OF GERIATRICS.

29 B) THE FACILITY SHALL IDENTIFY STAFF TO MEET IN-SERVICE, ORIENTATION, TRAINING AND SUPERVISION  
30 NEEDS. THE FACILITY SHALL PROVIDE FOR APPROPRIATE FOLLOW-UP.

31 C) THE FACILITY SHALL PROVIDE ANNUAL IN-SERVICE EDUCATION FOR STAFF IN, AT A MINIMUM, THE  
32 FOLLOWING TOPICS:

33 1) INFECTION CONTROL,

34 2) FIRE PREVENTION AND SAFETY,

35 3) ACCIDENT PREVENTION,

36 4) CONFIDENTIALITY OF RESIDENT INFORMATION,

- 1                   5)     REHABILITATIVE NURSING,  
2                   6)     RESIDENT RIGHTS,  
3                   7)     DIETARY,  
4                   8)     PHARMACY,  
5                   9)     DENTAL,  
6                   10)    BEHAVIOR MANAGEMENT,  
7                   11)    PERSON CENTERED CARE, AND  
8                   12)    DISASTER PREPAREDNESS.

9           D)     IF A FACILITY HAS RESIDENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, DEMENTIA OR  
10           BEHAVIORAL HEALTH ISSUES, IT SHALL ALSO PROVIDE ANNUAL IN-SERVICE EDUCATION FOR STAFF IN  
11           THOSE TOPICS.

12           E)     THE FACILITY SHALL MAINTAIN ATTENDANCE RECORDS WITH ORIGINAL SIGNATURES ON IN-SERVICE  
13           PROGRAMS AND COURSE MATERIALS OR OUTLINES THAT STAFF WHO ARE UNABLE TO ATTEND THE  
14           PROGRAM MAY REVIEW.

#### 15   6.4   RECORDS

16           THE FACILITY SHALL MAINTAIN PERSONNEL RECORDS ON EACH EMPLOYEE, INCLUDING AN EMPLOYMENT  
17           APPLICATION THAT INCLUDES TRAINING AND PAST EXPERIENCE, VERIFICATION OF CREDENTIALS, REFERENCES OF  
18           PAST WORK EXPERIENCE, ORIENTATION AND EVIDENCE THAT HEALTH STATUS IS APPROPRIATE TO PERFORM  
19           DUTIES IN THE EMPLOYEE'S JOB DESCRIPTION.

#### 20   6.5   REFERENCE MATERIALS

21           THE FACILITY SHALL PROVIDE CURRENT REFERENCE MATERIAL RELATED TO THE CARE THAT IS PROVIDED IN THE  
22           FACILITY FOR USE BY ALL PERSONNEL.

#### 23   6.6   STAFF IDENTIFICATION

24           ALL FACILITY STAFF SHALL WEAR NAME AND TITLE BADGES WHILE ON DUTY, EXCEPT WHERE THEY MAY POSE A  
25           DANGER TO STAFF OR RESIDENTS DUE TO THE NATURE OF RESIDENT CONDITIONS.

### 26   **SECTION 7 - RESIDENT CARE**

#### 27   7.1   OVERALL CARE

28           RESIDENTS SHALL RECEIVE THE CARE NECESSARY TO MEET INDIVIDUAL PHYSICAL, PSYCHO-SOCIAL AND  
29           REHABILITATIVE NEEDS AND ASSISTANCE TO ACHIEVE AND MAINTAIN THEIR HIGHEST POSSIBLE LEVEL OF  
30           INDEPENDENCE, SELF-CARE, SELF-WORTH AND WELL-BEING. PROVISION OF CARE SHALL BE DOCUMENTED IN  
31           THE HEALTH INFORMATION RECORD.

#### 32   7.2   QUALITY OF LIFE

33           RESIDENTS SHALL BE PROVIDED A SAFE, SUPPORTIVE, COMFORTABLE, HOMELIKE ENVIRONMENT; FREEDOM AND  
34           ENCOURAGEMENT TO EXERCISE CHOICE OVER THEIR SURROUNDINGS, SCHEDULES, HEALTH CARE AND LIFE

1 ACTIVITIES; THE OPPORTUNITY TO BE INVOLVED WITH THE MEMBERS OF THEIR COMMUNITY INSIDE AND OUTSIDE  
2 THE NURSING CARE FACILITY; AND TREATMENT WITH DIGNITY AND RESPECT.

3 7.3 PRESSURE ULCER PREVENTION AND CARE

4 A) UPON ADMISSION, THE FACILITY SHALL:

5 1) ASSESS THE POTENTIAL FOR SKIN BREAKDOWN DURING THE INITIAL RESIDENT ASSESSMENT,  
6 AND

7 2) PROVIDE MEASURES TO PREVENT PRESSURE ULCERS TO RESIDENTS IDENTIFIED AS BEING AT  
8 RISK OF DEVELOPING THEM (I.E., A RESIDENT EXHIBITING THREE OR MORE OF THE FOLLOWING  
9 SYMPTOMS: UNDERWEIGHT, INCONTINENCE, DEHYDRATION, DISORIENTATION OR  
10 UNCONSCIOUSNESS, OR LIMITED MOBILITY).

11 B) FOR ALL RESIDENTS WHO ARE ADMITTED WITH OR DEVELOP PRESSURE ULCERS, THE FACILITY SHALL:

12 1) DEVELOP AN INDIVIDUALIZED TREATMENT PLAN AS PART OF THE REQUISITE CARE PLAN THAT IS  
13 DESIGNED TO ALLEVIATE THE CONDITION;

14 2) PROVIDE ACTIVE TREATMENT TO IMPROVE THE CONDITION IN ACCORDANCE WITH THE  
15 TREATMENT PLAN;

16 3) EVALUATE THE RESIDENT'S PROGRESS AND TREATMENT AT LEAST WEEKLY AND REVISE THE  
17 TREATMENT PLAN AS NEEDED; AND

18 4) PROVIDE PROPER NUTRITION AND HYDRATION TO PROMOTE HEALING AND PREVENT FURTHER  
19 BREAKDOWN.

20 7.4 ACCIDENT PREVENTION AND ATTENTION

21 THE FACILITY SHALL:

22 A) INVESTIGATE ALL CAUSES OF ACCIDENTS;

23 B) MONITOR THE RESIDENT'S RESPONSE TO THE ACCIDENT AND OBTAIN PRACTITIONER'S OR MENTAL  
24 HEALTH EVALUATION, IF NEEDED;

25 C) IDENTIFY ALL RESIDENTS AT HIGH RISK FOR ACCIDENTS AND DEVELOP AN INDIVIDUALIZED CARE PLAN  
26 FOR THEM TO PREVENT FUTURE ACCIDENTS; AND

27 D) EVALUATE AND REVISE THE PLAN AS NEEDED.

28 7.5 BEHAVIORAL HEALTH CARE

29 A) FOR RESIDENTS WITH BEHAVIORAL HEALTH ISSUES, THE FACILITY SHALL:

30 1) NOTE THE BEHAVIORAL ISSUE AND EVALUATE IT IN THE RESIDENT'S ASSESSMENT;

31 2) DEVELOP AND IMPLEMENT AN INDIVIDUALIZED TREATMENT PLAN DESIGNED TO ADDRESS THE  
32 BEHAVIORAL HEALTH ISSUE;

33 3) OBTAIN A MENTAL HEALTH EVALUATION IN APPROPRIATE CASES; AND



- 1                   4)       IMPLEMENT ANY PRACTITIONER ORDER FOR IRRIGATION OR CATHETER REPLACEMENT.
- 2           B)       FOR RESIDENTS EXHIBITING SIGNS OR SYMPTOMS OF URINARY TRACT INFECTION, THE FACILITY SHALL  
3                   NOTIFY THE PRACTITIONER, OBTAIN ORDERS FOR TREATMENT AND IMPLEMENT SUCH TREATMENT PLAN.

4   7.9   WEIGHT CHANGES

5       FOR RESIDENTS WITH WEIGHT CHANGES THE FACILITY SHALL:

- 6           A)       EVALUATE THE RESIDENT TO DETERMINE THE CAUSE OF THE WEIGHT CHANGE;
- 7           B)       DEVELOP AND IMPLEMENT AN INDIVIDUALIZED PLAN OF CARE AS PART OF THE REQUISITE CARE PLAN  
8                   THAT INCLUDES INTERVENTION BY OTHER DISCIPLINES, IF APPROPRIATE; EVALUATE RESIDENT  
9                   PROGRESS AND REVISE THE PLAN AS NEEDED;
- 10          C)       OBSERVE FOOD AND FLUID INTAKE AND PROVIDE ENCOURAGEMENT TO RESIDENTS WITH EATING  
11                   ISSUES;
- 12          D)       PROVIDE REASONABLE CHOICES OF FOODS TO MEET PERSONAL PREFERENCES AND RELIGIOUS NEEDS;
- 13          E)       IF NOURISHMENTS ARE PROVIDED BETWEEN MEALS AND AT BEDTIME AS PART OF THE CARE PLAN,  
14                   DOCUMENT THE NOURISHMENTS PROVIDED AND WHETHER THEY ARE CONSUMED;
- 15          F)       PROVIDE ASSISTANCE IN EATING OR ADAPTIVE EATING DEVICES AND ASSIST RESIDENTS IN OBTAINING  
16                   DENTURES OR DENTAL CARE, AS APPROPRIATE TO THE INDIVIDUAL RESIDENT; AND
- 17          G)       FOR RESIDENTS WITH MOUTH OR GUM ISSUES, MEET THE REQUIREMENTS OF SECTION 12 ON DENTAL  
18                   SERVICES.

19   7.10   GROOMING

- 20          A)       THE FACILITY SHALL ASSIST THE RESIDENT TO OBTAIN APPROPRIATE PERSONAL CARE MATERIALS AND  
21                   ASSIST WITH PERSONAL CARE IN A MANNER THAT PRESERVES RESIDENT DIGNITY AND PRIVACY.
- 22          B)       FOR RESIDENTS WITH INAPPROPRIATE, UNCLEAN, OR POORLY MAINTAINED CLOTHING AND/OR ASSISTIVE  
23                   DEVICES, THE FACILITY SHALL ASSIST THE RESIDENTS TO OBTAIN CLOTHING, SHOES AND DEVICES.  
24                   SUCH CLOTHING, SHOES AND DEVICES SHALL FIT PROPERLY, BE CLEAN AND IN GOOD REPAIR.

25   7.11   EXCORIATION PREVENTION AND CARE

- 26          A)       FOR ALL RESIDENTS WHO ARE INCONTINENT OR IMMOBILE, HAVE IMPAIRED SENSATION, COMPROMISED  
27                   NUTRITIONAL OR FLUID STATUS, OR INADEQUATE HYGIENE, THE FACILITY SHALL:
- 28                   1)       COMPLETE AN INITIAL SKIN EVALUATION UPON ADMISSION AND RE-EVALUATE THE CONDITION  
29                   AS NEEDED, BUT AT LEAST WEEKLY.
- 30                   2)       PROVIDE MEASURES TO PREVENT THE EXCORIATION THAT INCLUDE:
- 31                           a)       MAINTAINING CLEAN, DRY, WELL LUBRICATED SKIN;
- 32                           b)       TAKING INCONTINENT RESIDENTS TO THE BATHROOM ON A REGULAR INDIVIDUALIZED  
33                           SCHEDULE;
- 34                           c)       EVALUATING THE NEED FOR DAILY BATHS; AND

1 d) DETERMINING POTENTIAL TROUBLE SPOTS WHERE MICROBIAL GROWTH MAY OCCUR  
2 (BREASTS, GLUTEAL FOLDS, SKIN FOLDS).

3 B) FOR RESIDENTS WITH EXCORIATIONS, THE FACILITY SHALL:

4 1) DEVELOP AND IMPLEMENT AN INDIVIDUALIZED TREATMENT PLAN AS PART OF THE CARE PLAN  
5 FOR THE EXCORIATION;

6 2) EVALUATE THE RESIDENT'S PROGRESS AND REVIEW AND REVISE THE TREATMENT PLAN AS  
7 NEEDED; AND

8 3) ENTER A PROGRESS NOTE AT LEAST WEEKLY IN THE HEALTH INFORMATION RECORD.

9 7.12 FLUID MANAGEMENT

10 THE FACILITY SHALL PROVIDE FLUID IN SUFFICIENT QUANTITIES TO MAINTAIN HYDRATION AND BODY WEIGHT. IN  
11 ADDITION, THE FACILITY SHALL:

12 A) ASSESS EACH RESIDENT'S HYDRATION NEEDS;

13 B) OBSERVE AND EVALUATE FOOD AND FLUID INTAKE DAILY AND RECORD AND REPORT DEVIATIONS FROM  
14 SUFFICIENT FOOD AND FLUID INTAKE;

15 C) PROVIDE ASSISTANCE AND ENCOURAGEMENT TO RESIDENTS REQUIRING ASSISTANCE TO MEET THEIR  
16 FOOD AND FLUID REQUIREMENTS; AND

17 D) PROVIDE SELF-HELP ADAPTIVE DEVICES AND ENCOURAGE USE.

18 7.13 PERSONAL ENVIRONMENT

19 THE FACILITY SHALL ALLOW FOR PERSONALIZATION OF ROOMS THROUGH THE USE OF RESIDENTS' PERSONAL  
20 FURNITURE, APPLIANCES, DECORATIONS, PLANTS AND MEMORABILIA. THE FACILITY MAY LIMIT THE NUMBER OF  
21 FURNITURE ITEMS IN RESIDENT ROOMS IF TO DO SO IS NECESSARY TO ACCOMMODATE ROOMMATE  
22 PREFERENCES, FIRE CODES, HOUSEKEEPING OR SAFE MOVEMENT IN THE ROOM.

23 7.14 PERSONAL CHOICE

24 THE FACILITY SHALL:

25 A) MAKE REASONABLE EFFORTS TO ACCOMMODATE PREFERENCES OF ROOMMATE, INCLUDING THE RIGHT  
26 OF EACH RESIDENT SO REQUESTING TO BE ASSIGNED TO A ROOM WITH NON-SMOKERS;

27 B) ALLOW RESIDENTS FLEXIBILITY IN TIMES TO EAT MAIN MEALS, CONSISTENT WITH REQUIREMENTS OF  
28 SECTION 13.2 ON DIETARY SERVICES AND WITH ITS OWN REASONABLE STAFFING AND SCHEDULING  
29 REQUIREMENTS;

30 C) ALLOW RESIDENTS FLEXIBILITY IN TIMES TO BATHE, RISE AND RETIRE, CONSISTENT WITH ITS OWN  
31 REASONABLE STAFFING AND SCHEDULING REQUIREMENTS; AND

32 D) PROVIDE AT LEAST ONE ALTERNATIVE MENU CHOICE FOR EACH MEAL OF SIMILAR NUTRITIVE VALUE.  
33 THE SAME ALTERNATIVE SHALL NOT BE USED FOR TWO CONSECUTIVE MEALS.

34 7.15 PROBLEM RESOLUTION

1 THE FACILITY SHALL INFORM RESIDENTS OF THE RESIDENT COUNCIL AND GRIEVANCE PROCEDURES; THE NAME,  
2 ADDRESS AND PHONE NUMBER OF THE STATE AND LOCAL LONG-TERM CARE OMBUDSMAN; AND THE ADDRESS  
3 AND PHONE NUMBER OF THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, HEALTH  
4 FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION. STAFF SHALL ASSIST RESIDENTS IN RAISING ISSUES  
5 TO THE FACILITY'S ADMINISTRATION OR APPROPRIATE OUTSIDE AGENCIES.

#### 6 7.16 RESIDENT ASSESSMENT

7 A) WITHIN 24 HOURS OF ADMISSION TO THE NURSING CARE FACILITY, A REGISTERED NURSE SHALL ASSESS  
8 EACH RESIDENT'S PHYSICAL, MENTAL AND FUNCTIONAL STATUS INCLUDING STRENGTHS; IMPAIRMENTS;  
9 REHABILITATIVE NEEDS; SPECIAL TREATMENTS; CAPABILITY FOR SELF-ADMINISTRATION OF  
10 MEDICATIONS; DEPENDENCE AND INDEPENDENCE IN ACTIVITIES OF DAILY LIVING. THE INITIAL  
11 ASSESSMENT SHALL FORM THE BASIS OF THE PRELIMINARY CARE PLAN.

12 B) WITHIN 14 DAYS OF ADMISSION, THE NURSE SHALL ALSO COLLABORATE WITH SOCIAL SERVICES STAFF  
13 IN ASSESSING DISCHARGE POTENTIAL AND SHALL COORDINATE ASSESSMENTS WITH SOCIAL SERVICES,  
14 DIETETIC AND ACTIVITY STAFF. THESE ASSESSMENTS SHALL FORM THE BASIS OF THE  
15 INTERDISCIPLINARY CARE PLAN REQUIRED BY SECTION 7.21.

16 1) THE CONTINUING ASSESSMENT SHALL REFLECT RESIDENT STATUS.

17 2) THE ASSESSMENT SHALL BE UPDATED AT LEAST EVERY THREE MONTHS, AS WELL AS  
18 WHENEVER A SIGNIFICANT CHANGE OF RESIDENT CONDITION OCCURS.

19 3) THE CURRENT RESIDENT ASSESSMENT SHALL BE A PART OF THE RESIDENT'S HEALTH  
20 INFORMATION RECORD AND AVAILABLE FOR DIRECT CARE STAFF AND OTHERS AS IDENTIFIED BY  
21 FACILITY POLICY.

#### 22 7.17 NURSING CARE PLANNING

23 A REGISTERED NURSE SHALL PREPARE AN INDIVIDUALIZED NURSING CARE PLAN FOR EACH RESIDENT BASED ON  
24 THE RESIDENT ASSESSMENT AND APPLICABLE PRACTITIONER TREATMENT ORDERS. THE PURPOSE OF THE CARE  
25 PLAN IS TO CREATE AN INDIVIDUALIZED TOOL FOR CARRYING OUT PREVENTIVE, THERAPEUTIC, AND  
26 REHABILITATIVE NURSING CARE.

27 A) WITHIN 24 HOURS OF ADMISSION, NURSING STAFF SHALL PREPARE AND IMPLEMENT A PRELIMINARY  
28 NURSING CARE PLAN TO MEET EACH RESIDENT'S IMMEDIATE NEEDS.

29 B) WITHIN 21 DAYS OF ADMISSION, NURSING STAFF SHALL PREPARE AND IMPLEMENT A COMPREHENSIVE  
30 NURSING CARE PLAN FOR EACH RESIDENT.

31 C) THE NURSING CARE PLAN SHALL MEET EACH RESIDENT'S UNIQUE NEEDS, PROBLEMS AND STRENGTHS  
32 BY IDENTIFYING RESIDENT STRENGTHS, NEEDS AND PROBLEMS; SPECIFYING CARE INTERVENTIONS TO  
33 CAPITALIZE ON THE STRENGTHS AND MEET THOSE NEEDS OR PROBLEMS; AND DEFINING THE  
34 FREQUENCY OF EACH INTERVENTION.

35 D) THE NURSING CARE PLAN SHALL BE CURRENT AND EVALUATED AND REVISED FOLLOWING EACH  
36 ASSESSMENT AND WHENEVER THE RESIDENT'S CONDITION CHANGES.

#### 37 7.18 SOCIAL SERVICES CARE PLANNING

38 SOCIAL SERVICES STAFF SHALL ASSESS THE SOCIAL SERVICES NEEDS OF EACH RESIDENT WITHIN 14 DAYS OF  
39 ADMISSION. WITHIN 21 DAYS OF ADMISSION, STAFF SHALL DEVELOP A SOCIAL SERVICES CARE PLAN TO MEET  
40 EACH RESIDENT'S NEEDS.

1 7.19 ACTIVITIES CARE PLANNING

2 EACH RESIDENT SHALL BE ASSESSED FOR ACTIVITY INVOLVEMENT WITHIN 14 DAYS OF ADMISSION. WITHIN 21  
3 DAYS OF ADMISSION, THE FACILITY SHALL DEVELOP AN ACTIVITIES CARE PLAN TO MEET EACH RESIDENT'S NEEDS.

4 7.20 NUTRITIONAL CARE PLANNING

5 A) THE DIETARY SUPERVISOR OR CONSULTANT SHALL PREPARE AN INITIAL NUTRITIONAL HISTORY AND  
6 ASSESSMENT FOR EACH RESIDENT WITHIN 14 DAYS OF ADMISSION THAT INCLUDES SPECIAL NEEDS,  
7 LIKES AND DISLIKES, NUTRITIONAL STATUS AND NEED FOR ADAPTIVE CUTLERY AND DISHES.

8 B) WITHIN 21 DAYS OF ADMISSION, THE DIETARY SUPERVISOR OR CONSULTANT SHALL DEVELOP A  
9 NUTRITIONAL PLAN OF CARE TO MEET EACH RESIDENT'S IDENTIFIED NEEDS.

10 C) IN THE EVENT THE FACILITY ELECTS TO UTILIZE FEEDING ASSISTANTS PURSUANT TO SECTION 14 OF THIS  
11 CHAPTER, THE INTERDISCIPLINARY TEAM SHALL, AS PART OF THE HISTORY AND ASSESSMENT REQUIRED  
12 IN SECTION 7.16(A), EVALUATE EACH RESIDENT FOR HIS/HER NEED FOR ASSISTANCE WITH EATING AND  
13 DRINKING. SUCH EVALUATION SHALL INCLUDE, BUT NEED NOT BE LIMITED TO, THE RESIDENT'S LEVEL OF  
14 CARE, FUNCTIONAL STATUS CONCERNING FEEDING AND HYDRATION, AND ABILITY TO COOPERATE AND  
15 COMMUNICATE WITH STAFF.

16 7.21 INTERDISCIPLINARY CARE PLANNING

17 WITHIN 21 DAYS OF ADMISSION, A NURSING CARE FACILITY INTERDISCIPLINARY TEAM SHALL DEVELOP A  
18 PERSONALIZED OVERALL CARE PLAN FOR EACH RESIDENT BASED ON THE RESIDENT ASSESSMENTS AND  
19 APPLICABLE PRACTITIONER ORDERS.

20 A) THE OVERALL CARE PLAN SHALL CONTAIN A LIST OF RESIDENT PROBLEMS AND THE DISCIPLINE THAT  
21 WILL ADDRESS EACH PROBLEM IN ITS OWN MORE DETAILED PLAN OF CARE.

22 B) THE OVERALL CARE PLAN SHALL BE EVALUATED ACCORDING TO THE GOALS SET OUT IN THE PLAN,  
23 FOLLOWING EACH ASSESSMENT AND WHENEVER THE RESIDENT'S CONDITION CHANGES.

24 C) THE INTERDISCIPLINARY TEAM SHALL CONSIST OF REPRESENTATIVES OF RESIDENT SERVICES INSIDE  
25 AND OUTSIDE THE FACILITY, AS APPROPRIATE, INCLUDING AT LEAST NURSING, SOCIAL SERVICES,  
26 ACTIVITIES AND DIETETIC STAFF. REPRESENTATIVES FROM OTHER AREAS SUCH AS MEDICAL,  
27 PHARMACY AND SPECIAL THERAPIES, SHALL BE INCLUDED AS APPROPRIATE. RESIDENTS AND RESIDENT  
28 REPRESENTATIVES SHALL BE INVITED TO PARTICIPATE IN CARE PLANNING. REFUSAL TO PARTICIPATE  
29 SHALL BE DOCUMENTED.

30 **SECTION 8 MEDICAL CARE SERVICES**

31 8.1 PRACTITIONER CARE

32 EACH FACILITY RESIDENT SHALL BE ADMITTED TO THE FACILITY UNDER THE CARE OF A PHYSICIAN. THE FACILITY  
33 SHALL DEVELOP WRITTEN POLICIES THAT ARE APPROVED BY THE MEDICAL DIRECTOR TO COORDINATE AND  
34 DESIGNATE RESPONSIBILITY WHEN MORE THAN ONE PRACTITIONER IS TREATING A RESIDENT. THE FACILITY MAY,  
35 AT ITS DISCRETION, ALLOW PRACTITIONERS TO UTILIZE TELEHEALTH FOR THE PERFORMANCE OF ANY TASK  
36 REQUIRED BY THESE REGULATIONS EXCEPT THOSE TASKS WHICH SPECIFICALLY REQUIRE A FACE TO FACE  
37 EVALUATION.

38 A) THE FACILITY SHALL ENSURE THAT ALL RESIDENTS, WITHIN SEVEN DAYS OF ADMISSION, RECEIVE A FACE  
39 TO FACE EVALUATION BY A PRACTITIONER WHO PROVIDES THE FACILITY WITH SUFFICIENT INFORMATION  
40 TO VALIDATE THE ADMISSION.

- 1) IF THE RESIDENT WAS THOROUGHLY ASSESSED IN THE 24 HOURS IMMEDIATELY PRIOR TO THE RESIDENT'S ADMISSION TO THE FACILITY BY A PRACTITIONER (OR HIS/HER ASSOCIATE) WHO WILL BE INVOLVED IN THE RESIDENT'S CONTINUING CARE, AND DOCUMENTATION OF THAT EVALUATION ACCOMPANIES THE RESIDENT UPON ADMISSION, THAT EVALUATION SATISFIES THE CRITERIA REQUIRED IN SECTION 8.1(A).
- B) THE FACILITY SHALL ENSURE THAT ALL RESIDENTS RECEIVE A FACE TO FACE COMPREHENSIVE MEDICAL EVALUATION BY A PRACTITIONER, AS SPECIFIED BELOW, WITHIN 30 DAYS OF ADMISSION AND ON A YEARLY BASIS THEREAFTER. SUCH EVALUATION SHALL INCLUDE OBTAINING A THOROUGH MEDICAL HISTORY; CONDUCTING A PHYSICAL EXAMINATION; CONDUCTING A REVIEW OF ROUTINE, PRN AND OTHER MEDICATIONS AND SUPPLEMENTS ALONG WITH INDICATIONS OF CONTINUED NECESSARY USE; AND DEVELOPING OR UPDATING A DETAILED MEDICAL PLAN OF CARE.
- 1) IN A SKILLED NURSING CARE FACILITY THAT IS CERTIFIED TO PROVIDE MEDICARE SERVICES, THE INITIAL COMPREHENSIVE MEDICAL EVALUATION SHALL ONLY BE PERFORMED BY A PHYSICIAN, AS REQUIRED BY FEDERAL LAW.
- 2) IN A NURSING CARE FACILITY THAT IS NOT CERTIFIED TO PROVIDE MEDICARE SERVICES, THE COMPREHENSIVE MEDICAL EVALUATION MAY BE PERFORMED BY EITHER A PHYSICIAN OR A NON-PHYSICIAN PRACTITIONER WHO IS NOT A FACILITY EMPLOYEE.
- C) THE FACILITY SHALL ENSURE THAT ALL RESIDENTS ARE SEEN BY A PRACTITIONER EVERY 30 DAYS FOR THE FIRST 90 DAYS AFTER ADMISSION AND AT LEAST ONCE EVERY 60 DAYS THEREAFTER.
- D) THE FACILITY SHALL ENSURE THAT THERE IS 24-HOUR PRACTITIONER COVERAGE AVAILABLE TO PROMPTLY ASSESS ANY SIGNIFICANT CHANGES OF CONDITION.
- E) THE FACILITY SHALL ENSURE THAT THE ONLY PERSONS ALLOWED TO ACCEPT A VERBAL OR ELECTRONICALLY TRANSMITTED ORDER TO THE FACILITY ARE A PRACTITIONER, LICENSED NURSE OR OTHER APPROPRIATE DISCIPLINE AS AUTHORIZED BY THEIR PROFESSIONAL LICENSURE. ALL SUCH ORDERS SHALL BE SIGNED WITHIN 14 DAYS AND ENTERED IN THE HEALTH INFORMATION RECORD WITHIN 30 DAYS.
- F) THE FACILITY SHALL ENSURE THAT AT THE TIME OF VISIT, THE PRACTITIONER DOCUMENTS THE DATE OF THE VISIT ALONG WITH A RELEVANT DISCUSSION OF ANY URGENT ISSUES, PERTINENT FINDINGS AND UPDATED PLANS. THE COMPLETE NOTE, ALONG WITH SIGNATURE AND CREDENTIALS, SHALL BE AVAILABLE IN THE HEALTH INFORMATION RECORD WITHIN SEVEN DAYS.
- G) THE FACILITY SHALL ENSURE THAT ALL MEDICATIONS AND THERAPIES ORDERED BY THE PRACTITIONER ARE SUPPORTED BY DIAGNOSES AND THAT THERE IS DOCUMENTATION OF ATTEMPTS TO DISCUSS WITH THE RESIDENT OR RESIDENT REPRESENTATIVE THE INTENDED BENEFITS AND RISKS OF THOSE MEDICATIONS AND THERAPIES.

## 8.2 MEDICAL DIRECTOR

THE FACILITY SHALL RETAIN BY WRITTEN AGREEMENT A PHYSICIAN TO SERVE AS MEDICAL DIRECTOR TO THE FACILITY AND REQUIRE THAT THE MEDICAL DIRECTOR VISIT THE FACILITY IN PERSON AT LEAST ONCE EVERY THREE MONTHS.

- A) THE MEDICAL DIRECTOR IS RESPONSIBLE FOR OVERALL COORDINATION OF MEDICAL CARE IN THE FACILITY AND FOR SYSTEMATIC REVIEW OF THE QUALITY OF THE HEALTH CARE PROVIDED BY THE FACILITY AND THE MEDICAL SERVICES PROVIDED BY THE PRACTITIONERS IN THE FACILITY. THE MEDICAL DIRECTOR SHALL COLLABORATE WITH THE ADMINISTRATOR, STAFF AND OTHER PRACTITIONERS AND CONSULTANTS TO HELP DEVELOP POLICIES AND PROCEDURES FOR MEDICAL CARE AND FOR THE PHYSICIANS ADMITTING RESIDENTS TO THE FACILITY.

- 1           B)     THE MEDICAL DIRECTOR IS RESPONSIBLE FOR:
- 2                   1)     ACTING AS A LIAISON BETWEEN THE FACILITY AND ADMITTING PHYSICIANS ON MATTERS  
3                             RELATED TO PHYSICIAN SERVICES, PROMPT WRITING OF ORDERS AND RESPONDING TO  
4                             REQUESTS BY FACILITY STAFF;
- 5                   2)     CONSULTING ON THE DEVELOPMENT AND IMPLEMENTATION OF RESIDENT CARE POLICIES;
- 6                   3)     ESTABLISHING STANDARDS GOVERNING THE CONDUCT OF PHYSICIANS ADMITTING RESIDENTS  
7                             TO THE FACILITY;
- 8                   4)     CONSULTING ON THE DEVELOPMENT AND IMPLEMENTATION OF A PROCEDURE TO PROVIDE  
9                             CARE IN EMERGENCIES WHEN A RESIDENT'S PRACTITIONER IS UNAVAILABLE;
- 10                  5)     REVIEWING ACCIDENTS AND HAZARDS;
- 11                  6)     PARTICIPATING IN PHARMACEUTICAL ADVISORY COMMITTEE DELIBERATIONS;
- 12                  7)     PARTICIPATING IN THE PSYCHOTROPIC MEDICATION REVIEW COMMITTEE; AND
- 13                  8)     CHAIRING OR CO-CHAIRING THE QUALITY MANAGEMENT COMMITTEE REQUIRED BY SECTION 3.3  
14                             OF THIS CHAPTER.
- 15           C)     THE MEDICAL DIRECTOR MAY UTILIZE TELEHEALTH FOR THE PERFORMANCE OF ANY TASK REQUIRED BY  
16                             THESE REGULATIONS EXCEPT THOSE TASKS WHERE THE REGULATIONS SPECIFICALLY REQUIRE A FACE  
17                             TO FACE EVALUATION OR PERSONAL VISIT.

## 18   **SECTION 9    NURSING SERVICES**

### 19   9.1    ORGANIZATION

20           THE FACILITY SHALL HAVE A DEPARTMENT OF NURSING SERVICES THAT IS FORMALLY ORGANIZED TO PROVIDE  
21           COMPLETE, EFFECTIVE CARE TO EACH RESIDENT. THE FACILITY SHALL CLEARLY DEFINE QUALIFICATIONS,  
22           AUTHORITY AND RESPONSIBILITY OF NURSING PERSONNEL IN WRITTEN JOB DESCRIPTIONS.

### 23   9.2    DIRECTOR OF NURSING

24           EXCEPT AS PROVIDED IN SECTION 9.5, THE NURSING CARE FACILITY SHALL EMPLOY A FULL-TIME (40  
25           HOURS/WEEK) DIRECTOR OF NURSING WHO IS A REGISTERED NURSE, QUALIFIED BY EDUCATION AND  
26           EXPERIENCE TO DIRECT FACILITY NURSING CARE.

### 27   9.3    24-HOUR NURSING COVERAGE

28           THE FACILITY SHALL BE STAFFED WITH QUALIFIED NURSING PERSONNEL, AWAKE AND ON DUTY, WHO ARE  
29           FAMILIAR WITH THE RESIDENTS AND THEIR NEEDS IN A NUMBER SUFFICIENT TO MEET RESIDENT FUNCTIONAL  
30           DEPENDENCY, MEDICAL AND NURSING NEEDS.

31           A)     STAFF SHALL BE SUFFICIENT IN NUMBER TO PROVIDE PROMPT ASSISTANCE TO PERSONS NEEDING OR  
32                             POTENTIALLY NEEDING ASSISTANCE, CONSIDERING INDIVIDUAL NEEDS SUCH AS THE RISK OF  
33                             ACCIDENTS, HAZARDS OR OTHER UNTOWARD EVENTS.

34           B)     EXCEPT AS PROVIDED IN SECTION 9.5, A NURSING CARE FACILITY SHALL BE STAFFED AT ALL TIMES WITH  
35                             AT LEAST ONE REGISTERED NURSE WHO IS ON DUTY ON THE PREMISES. EACH RESIDENT CARE UNIT  
36                             SHALL BE STAFFED WITH AT LEAST ONE LICENSED NURSE.

- 1 C) A NURSING CARE FACILITY SHALL PROVIDE NURSE STAFFING SUFFICIENT TO MEET THE NEEDS OF  
2 RESIDENTS, BUT NO LESS THAN TWO HOURS OF NURSING TIME PER RESIDENT PER DAY. IN FACILITIES OF  
3 60 RESIDENTS OR MORE, THE TIME OF THE DIRECTOR OF NURSING AND OTHER SUPERVISORY  
4 PERSONNEL WHO ARE NOT PROVIDING DIRECT RESIDENT CARE SHALL NOT BE USED IN COMPUTING THIS  
5 RATIO.
- 6 D) NURSING PERSONNEL SHALL BE TRAINED IN NURSING PROCEDURES AND RESPONSIBILITIES AND SHALL  
7 BE FAMILIAR WITH ANY EQUIPMENT NECESSARY FOR CARE ON THE UNIT.
- 8 E) ALL CERTIFIED NURSING ASSISTANTS SHALL FUNCTION UNDER THE DIRECTION OF A LICENSED NURSE.
- 9 F) IF A NURSING CARE FACILITY OPERATES OUT OF MORE THAN ONE BUILDING, IT SHALL HAVE STAFF ON  
10 DUTY 24 HOURS PER DAY IN EACH BUILDING IN A NUMBER SUFFICIENT TO MEET RESIDENT CARE NEEDS.

11 9.4 WRITTEN PROCEDURES

12 THE FACILITY SHALL HAVE WRITTEN NURSING PROCEDURES ESTABLISHING THE STANDARDS OF PERFORMANCE  
13 FOR SAFE, EFFECTIVE NURSING CARE OF RESIDENTS AND SHALL ASSURE THAT THEY ARE FOLLOWED BY ALL  
14 NURSING STAFF.

- 15 A) PROCEDURES SHALL INCLUDE THE REQUIREMENT THAT MEDICATIONS BE ADMINISTERED IN COMPLIANCE  
16 WITH APPLICABLE COLORADO LAW.
- 17 B) THE NURSING PROCEDURES SHALL BE EVALUATED AND REVISED AS NECESSARY, BUT NO LESS OFTEN  
18 THAN ANNUALLY.

19 9.5 EXCEPTIONS

20 NOTHING CONTAINED IN THIS SECTION 9 SHALL REQUIRE ANY RURAL NURSING CARE FACILITY THAT IS A SKILLED  
21 NURSING CARE FACILITY TO EMPLOY NURSING STAFF BEYOND CURRENT FEDERAL CERTIFICATION  
22 REQUIREMENTS. SINCE FEDERAL STANDARDS REQUIRE THAT NURSE STAFFING BE SUFFICIENT TO MEET THE  
23 TOTAL NURSING NEEDS OF ALL RESIDENTS, RESIDENT CONDITIONS WILL DETERMINE THE SPECIFIC NUMBERS AND  
24 QUALIFICATIONS OF STAFF THAT EACH FACILITY MUST PROVIDE.

- 25 A) A RURAL FACILITY IS ONE THAT IS LOCATED IN:
- 26 1) A COUNTY WITH A POPULATION OF FEWER THAN 15,000; OR
- 27 2) A MUNICIPALITY WITH A POPULATION OF FEWER THAN 15,000 THAT IS LOCATED TEN MILES OR  
28 MORE FROM A MUNICIPALITY WITH A POPULATION OF 15,000 OR MORE; OR
- 29 3) THE UNINCORPORATED PART OF A COUNTY TEN MILES OR MORE FROM A MUNICIPALITY WITH A  
30 POPULATION OF 15,000 OR MORE.
- 31 B) TO THE EXTENT THAT THESE REGULATIONS REQUIRE ANY FACILITY TO EMPLOY A REGISTERED NURSE  
32 MORE THAN 40 HOURS PER WEEK, THE DEPARTMENT MAY WAIVE SUCH REQUIREMENTS FOR SUCH  
33 PERIODS AS IT DEEMS APPROPRIATE IF, BASED ON FINDINGS CONSISTENT WITH 6 CCR 1011-1,  
34 CHAPTER 2, PART 4, IT DETERMINES THAT:
- 35 1) THE FACILITY IS LOCATED IN A RURAL AREA AS DEFINED IN SECTION 9.5(A);
- 36 2) THE FACILITY HAS AT LEAST ONE FULL-TIME REGISTERED NURSE WHO IS REGULARLY ON DUTY  
37 40 HOURS PER WEEK;

1                   3)       THE FACILITY HAS ONLY RESIDENTS WHOSE ATTENDING PHYSICIANS HAVE INDICATED IN  
2                                   ORDERS OR ADMISSION NOTES THAT EACH RESIDENT DOES NOT REQUIRE THE SERVICES OF A  
3                                   REGISTERED NURSE FOR A 48-HOUR PERIOD OR THE FACILITY HAS MADE ARRANGEMENTS FOR  
4                                   A REGISTERED NURSE, CONSULTING REGISTERED NURSE OR PHYSICIAN TO SPEND SUCH TIME  
5                                   AT THE FACILITY AS IS DETERMINED NECESSARY BY THE RESIDENT'S ATTENDING PHYSICIAN TO  
6                                   PROVIDE NECESSARY SKILLED NURSING SERVICES ON DAYS WHEN THE REGULAR FULL-TIME  
7                                   REGISTERED NURSE IS NOT ON DUTY; AND

8                   (4)       THE FACILITY HAS MADE AND CONTINUES TO MAKE A GOOD FAITH EFFORT TO COMPLY WITH  
9                                   THE MORE THAN 40-HOUR REGISTERED NURSE REQUIREMENT, BUT REGISTERED NURSES ARE  
10                                  UNAVAILABLE IN THE AREA.

#### 11   9.6    SUPPLIES AND EQUIPMENT

12                   THE FACILITY SHALL PROVIDE THE SUPPLIES AND EQUIPMENT NECESSARY TO CONDUCT A PREVENTIVE,  
13                   THERAPEUTIC AND REHABILITATIVE NURSING PROGRAM. EQUIPMENT INCLUDES DEVICES TO ASSIST RESIDENTS  
14                   TO PERFORM ACTIVITIES OF DAILY LIVING.

15                  A)       EQUIPMENT SHALL BE MAINTAINED IN CLEAN AND PROPER FUNCTIONING CONDITION.

16                  B)       THE FACILITY SHALL PROVIDE OR ASSIST RESIDENTS TO OBTAIN WALKERS, CRUTCHES, CANES AND  
17                                  WHEELCHAIRS WITH APPROPRIATE PADDING, ALL OF WHICH SHALL FIT RESIDENTS PROPERLY.

18                  C)       NURSING STAFF SHALL BE TRAINED IN REHABILITATIVE NURSING PROCEDURES, INCLUDING PREVENTIVE  
19                                  NURSING CARE MEASURES, AND IN THE PROPER USE OF PROSTHETIC DEVICES AND EQUIPMENT.

#### 20   9.7    CARE POLICIES

21                   THE FACILITY SHALL HAVE WRITTEN RESIDENT CARE POLICIES APPROVED BY THE GOVERNING BODY, WHICH  
22                   STAFF SHALL FOLLOW.

#### 23   9.8    MEDICATION ADMINISTRATION

24                   MEDICATIONS SHALL BE IDENTIFIED AS SPECIFIED IN SECTIONS 19.3(B) AND (C). STAFF SHALL VERIFY  
25                   IDENTIFICATION OF THE MEDICATION WHEN THE MEDICATION IS PREPARED AS WELL AS WHEN IT IS  
26                   ADMINISTERED.

27                  A)       MEDICATIONS AND TREATMENTS SHALL BE GIVEN ONLY AS ORDERED BY A PRACTITIONER.  
28                                  MEDICATIONS SHALL BE ADMINISTERED BY MEDICATION CERTIFIED OR LICENSED NURSING PERSONNEL  
29                                  AS ALLOWED WITHIN THE INDIVIDUAL'S LICENSE OR CERTIFICATION SCOPE OF PRACTICE.

30                  B)       MEDICATION SHALL BE ADMINISTERED IN A FORM THAT CAN BE MOST EASILY TOLERATED BY THE  
31                                  RESIDENT. STAFF SHALL NOT MASK THE MEDICATION OR ALTER ITS FORM THROUGH CRUSHING,  
32                                  DISSOLVING OR OTHER MEANS, IF TO DO SO WOULD BE HAZARDOUS AND NOT WITHOUT FIRST  
33                                  INFORMING THE RESIDENT OR RESIDENT REPRESENTATIVE.

34                  C)       MEDICATIONS THAT ARE PREPARED BUT UNUSED SHALL BE DISPOSED OF IN ACCORDANCE WITH STATE  
35                                  LAW AND THE FACILITY'S WRITTEN PROCEDURES.

36                  D)       ALL ADMINISTERED MEDICATIONS SHALL BE RECORDED IN THE RESIDENT'S HEALTH INFORMATION  
37                                  RECORD, INDICATING THE NAME, REASON, STRENGTH, DOSAGE AND MODE OF ADMINISTRATION; THE  
38                                  DATE AND TIME OF ADMINISTRATION; THE SIGNATURE OF THE PERSON ADMINISTERING THE MEDICATION  
39                                  AND EFFECTIVENESS OF "AS NEEDED" MEDICATIONS.

- 1 E) TO ENCOURAGE INDEPENDENCE AND PREPARE RESIDENTS FOR DISCHARGE, THE FACILITY SHALL  
2 PERMIT SELF-ADMINISTRATION OF MEDICATIONS IN APPROPRIATE CASES UPON THE ORDER OF THE  
3 ATTENDING PRACTITIONER AND UNDER THE GUIDANCE OF A LICENSED NURSE.
- 4 F) IF FACILITY POLICY PERMITS MEDICATIONS TO BE KEPT AT THE BEDSIDE, THE INTERDISCIPLINARY TEAM  
5 SHALL APPROVE SUCH TYPES OF MEDICATIONS. THE FACILITY SHALL ENSURE THAT EACH SUCH  
6 MEDICATION ORDERED BY A PRACTITIONER TO BE KEPT AT THE BEDSIDE IS USED PROPERLY, ITS USE IS  
7 DOCUMENTED AND IT IS STORED IN A SECURE MANNER THAT PROTECTS ALL RESIDENTS.
- 8 G) DRUG REACTIONS AND SIGNIFICANT MEDICATION ERRORS SHALL BE REPORTED WITHIN 30 MINUTES TO  
9 THE RESIDENT'S PRACTITIONER. A CALL TO THE PRACTITIONER'S OFFICE OR ANSWERING SERVICE DOES  
10 NOT MEET THE FACILITY'S RESPONSIBILITY TO PROVIDE EMERGENCY CARE. THE RESIDENT'S CONDITION  
11 SHALL BE MONITORED FOR 72 HOURS AND OBSERVATIONS DOCUMENTED IN THE HEALTH INFORMATION  
12 RECORD.
- 13 H) IF A RESIDENT IS ADMINISTERED PSYCHOACTIVE MEDICATIONS, HE OR SHE SHALL BE EVALUATED FOR  
14 MEDICATION EFFECTIVENESS AT LEAST EVERY THREE MONTHS. THE RESIDENT SHALL BE ASSESSED  
15 EVERY SIX MONTHS FOR ADVERSE EFFECTS INCLUDING, BUT NOT LIMITED TO, EXTRAPYRAMIDAL  
16 SYNDROME AND NEUROLEPTIC MALIGNANT SYNDROME.

17  
18 9.9 RESTRAINTS

19  
20 FACILITIES SHALL COMPLY WITH THE PROTECTION OF PERSONS FROM RESTRAINT ACT AT SECTION 26-20-101,  
21 *ET SEQ.*, C.R.S., IN ADDITION TO THE REQUIREMENTS OF THIS SECTION 9.9.

- 22  
23 A) RESTRAINT MEANS ANY METHOD OR DEVICE USED TO INVOLUNTARILY LIMIT FREEDOM OF MOVEMENT,  
24 INCLUDING BUT NOT LIMITED TO BODILY PHYSICAL FORCE, MECHANICAL DEVICES OR CHEMICALS.
- 25  
26 1) CHEMICAL RESTRAINT INVOLVES GIVING AN INDIVIDUAL MEDICATION INVOLUNTARILY FOR THE  
27 PURPOSE OF RESTRAINING THAT INDIVIDUAL, BUT DOES NOT INCLUDE MEDICATION  
28 ADMINISTERED FOR VOLUNTARY OR LIFE-SAVING MEDICAL PROCEDURES.
- 29  
30 2) PHYSICAL RESTRAINT INVOLVES THE USE OF BODILY, PHYSICAL FORCE TO INVOLUNTARILY  
31 LIMIT AN INDIVIDUAL'S FREEDOM OF MOVEMENT.
- 32  
33 3) MECHANICAL RESTRAINT INVOLVES THE USE OF A PHYSICAL DEVICE TO INVOLUNTARILY  
34 RESTRICT THE MOVEMENT OF AN INDIVIDUAL OR THE MOVEMENT OR NORMAL FUNCTION OF A  
35 PORTION OF THE INDIVIDUAL'S BODY.
- 36  
37 B) RESTRAINT DOES NOT INCLUDE:
- 38 1) THE USE OF PROTECTIVE DEVICES OR ADAPTIVE DEVICES FOR PROVIDING PHYSICAL  
39 SUPPORT, PREVENTION OF INJURY, VOLUNTARY OR LIFE-SAVING MEDICAL PROCEDURES;
- 40  
41 2) THE HOLDING OF A RESIDENT FOR LESS THAN FIVE MINUTES BY A STAFF PERSON FOR THE  
42 PROTECTION OF THE RESIDENT OR OTHER PERSONS;
- 43  
44 3) PLACEMENT OF A RESIDENT IN HIS OR HER ROOM FOR THE NIGHT; OR
- 45  
46 4) THE USE OF A TIME-OUT AS DEFINED IN WRITING BY THE FACILITY.
- 47  
48 C) THE FACILITY SHALL ESTABLISH WRITTEN POLICIES AND PROCEDURES GOVERNING THE USE OF  
49 RESTRAINTS. THE FACILITY SHALL ENSURE AND DOCUMENT THAT REASONABLE EFFORTS ARE  
50 ATTEMPTED TO OBTAIN CONSENT FROM THE RESIDENT AND/OR RESIDENT REPRESENTATIVE FOR THE  
51 USE OF RESTRAINTS. THE FACILITY SHALL INFORM THE RESIDENT AND/OR RESIDENT REPRESENTATIVE  
52 REGARDING THE POTENTIAL RISKS AND BENEFITS OF RESTRAINTS PRIOR TO THEIR USE.
- 53

- 1 D) MEDICAL CONDITIONS THAT WARRANT THE USE OF RESTRAINT SHALL BE DOCUMENTED IN THE  
2 RESIDENT'S HEALTH INFORMATION RECORD AND INCLUDE AN ORDER FROM A PHYSICIAN OR ADVANCED  
3 PRACTICE NURSE, ONGOING ASSESSMENTS AND CARE PLANS. AN ORDER ALONE IS NOT SUFFICIENT TO  
4 WARRANT THE USE OF THE RESTRAINT.
- 5 E) THE FACILITY SHALL DOCUMENT OVERSIGHT, ASSESSMENT OF THE RESTRAINT DURING USE,  
6 SUBSTANTIATION OF THE MEDICAL CONDITION REQUIRING THE RESTRAINT AND THE EXPECTED LENGTH  
7 OF TIME FOR THE RESTRAINT TO BE USED. THE FACILITY SHALL ALSO DOCUMENT THE FREQUENCY AND  
8 DURATION OF SAFETY CHECKS DURING RESTRAINT USE.
- 9 F) RESIDENTS IN MECHANICAL RESTRAINTS SHALL BE OBSERVED AT LEAST EVERY 15 MINUTES TO ENSURE  
10 THAT THE RESIDENT IS PROPERLY POSITIONED AND THE RESIDENT'S PHYSICAL NEEDS ARE BEING MET.  
11 EACH OBSERVATION SHALL BE DOCUMENTED IN WRITING.
- 12 G) AT LEAST EVERY TWO HOURS DURING WAKING HOURS, RESIDENTS SHALL HAVE THE PHYSICAL  
13 RESTRAINT REMOVED AND SHALL HAVE THE OPPORTUNITY TO DRINK FLUIDS; BE TOILETED; AND BE  
14 EXERCISED, MOVED OR REPOSITIONED; WHICH ACTIVITY SHALL BE DOCUMENTED IN THE RESIDENT'S  
15 HEALTH INFORMATION RECORD.

#### 16 9.10 SAFETY DEVICES

17 A SAFETY DEVICE SUCH AS AN ALARM, HELMET OR PILLOW IS USED TO PROTECT THE RESIDENT FROM INJURY TO  
18 SELF, MAINTAIN BODY ALIGNMENT OR FACILITATE COMFORT. PRIOR TO USING ANY SAFETY DEVICE, THE FACILITY  
19 SHALL ASSESS THE RESIDENT TO PROPERLY IDENTIFY THE RESIDENT'S NEEDS AND MEDICAL SYMPTOMS THAT  
20 THE SAFETY DEVICE IS BEING EMPLOYED TO ADDRESS. THE FACILITY SHALL ALSO ENSURE THAT ANY SAFETY  
21 DEVICE BEING USED IS NOT A MECHANICAL RESTRAINT.

- 22 A) SAFETY DEVICES SHALL ONLY BE USED FOR APPROPRIATE CLINICAL CONDITIONS.
- 23 B) THE FACILITY SHALL ESTABLISH WRITTEN POLICIES AND PROCEDURES GOVERNING THE USE OF SAFETY  
24 DEVICES.
- 25 C) IF A SAFETY DEVICE MEETS THE DEFINITION OF A RESTRAINT, THEN ALL REQUIREMENTS IN SECTION 9.9  
26 APPLY. A REGISTERED NURSE MAY ORDER A SAFETY DEVICE AFTER ASSESSING AND DETERMINING THE  
27 NEED EXISTS. THROUGH THE NURSING ASSESSMENT, IF THE NEED IS ONGOING, A COMPREHENSIVE,  
28 DOCUMENTED PHYSICAL AND FUNCTIONAL ASSESSMENT SHALL BE COMPLETED NO LESS OFTEN THAN  
29 AFTER THE FIRST 24 HOURS AND QUARTERLY THEREAFTER.
- 30 D) AT LEAST EVERY TWO HOURS RESIDENTS WITH SAFETY DEVICES SHALL BE OBSERVED AND SUCH  
31 OBSERVATION SHALL BE DOCUMENTED.
- 32 E) RESIDENTS WITH SAFETY DEVICES SHALL HAVE EITHER A CALL SIGNAL SWITCH OR SIMILAR DEVICE  
33 WITHIN REACH OR SOME OTHER APPROPRIATE MEANS OF COMMUNICATION PROVIDED.

#### 34 9.11 PRACTITIONER NOTIFICATION

35 FACILITY STAFF SHALL NOTIFY THE ATTENDING PRACTITIONER PROMPTLY IN CASES OF SIGNIFICANT CHANGE IN  
36 RESIDENT STATUS AND ANY INCIDENT OR ACCIDENT INVOLVING THE RESIDENT.

### 37 SECTION 10 SOCIAL SERVICES

#### 38 10.1 GENERAL STANDARDS

39 THE FACILITY SHALL IDENTIFY, PLAN CARE FOR AND MEET THE IDENTIFIED EMOTIONAL AND SOCIAL NEEDS OF  
40 EACH RESIDENT TO ENHANCE RESIDENT PSYCHO-SOCIAL HEALTH AND WELL-BEING.

- 1 A) SOCIAL SERVICES STAFF SHALL BE INVOLVED IN THE PRE-ADMISSION PROCESS, PROVIDING INPUT AS TO  
2 APPROPRIATENESS OF PLACEMENT FROM A PSYCHO-SOCIAL PERSPECTIVE, EXCEPT IN EMERGENCY  
3 ADMISSIONS. SUCH INVOLVEMENT MAY INCLUDE CONTACT WITH THE PROSPECTIVE RESIDENT OR  
4 RESIDENT REPRESENTATIVE, OR INTERDISCIPLINARY CONFERENCES THAT CONSIDER PSYCHO-SOCIAL  
5 ISSUES AS WELL AS MEDICAL/NURSING CRITERIA.
- 6 B) SOCIAL SERVICES STAFF SHALL PROVIDE FOR INDIVIDUAL AND GROUP NEEDS, EITHER DIRECTLY OR BY  
7 REFERRAL TO COMMUNITY AGENCIES.
- 8 C) SOCIAL SERVICES STAFF SHALL ASSIST RESIDENTS AND FAMILIES IN COPING WITH THE MEDICAL AND  
9 PSYCHO-SOCIAL ASPECTS OF THE RESIDENT'S ILLNESS AND DISABILITY AND THE STAY IN THE FACILITY.
- 10 D) SOCIAL SERVICES STAFF SHALL ASSIST RESIDENTS IN PLANNING FOR DISCHARGE BY COORDINATING  
11 SERVICE DELIVERY WITH THE NURSING STAFF AND BY ASSESSING AVAILABILITY AND FACILITATING USE  
12 OF FINANCIAL AND SOCIAL SUPPORT SERVICES IN THE COMMUNITY.
- 13 E) WHEN SERVICES, SUCH AS COMMUNITY MENTAL HEALTH SERVICES, ARE AVAILABLE IN THE COMMUNITY  
14 TO MEET SPECIAL RESIDENTS' SOCIAL AND EMOTIONAL NEEDS, SOCIAL SERVICES STAFF SHALL PROVIDE  
15 APPROPRIATE REFERRALS TO COMMUNITY SERVICES.
- 16 F) SOCIAL SERVICES STAFF SHALL COORDINATE TRANSFERS (OTHER THAN MEDICAL TRANSFERS) WITHIN  
17 AND OUT OF THE FACILITY AND ASSIST RESIDENTS IN ADJUSTING TO INTRA-FACILITY TRANSFERS.
- 18 G) SOCIAL SERVICES STAFF SHALL PARTICIPATE IN RESIDENT ASSESSMENT AND CARE PLANNING AND  
19 SHALL PROVIDE SOCIAL SERVICES TO RESIDENTS. STAFF SHALL REVIEW AND UPDATE THE ASSESSMENT  
20 AND CARE PLAN AT LEAST QUARTERLY.
- 21 H) SOCIAL SERVICES STAFF SHALL RECORD INFORMATION ON SOCIAL HISTORY IN THE HEALTH  
22 INFORMATION RECORD AND REVIEW IT AT LEAST ANNUALLY.
- 23 I) SOCIAL SERVICES STAFF SHALL RECORD PROGRESS NOTES IN THE RESIDENT'S HEALTH INFORMATION  
24 RECORD QUARTERLY.
- 25 J) SOCIAL SERVICES STAFF SHALL PARTICIPATE IN DEVELOPING POLICIES AND PROCEDURES PERTAINING  
26 TO SOCIAL SERVICES IN THE FACILITY.
- 27 K) SOCIAL SERVICES STAFF SHALL PROVIDE ORIENTATION TO NEW RESIDENTS AND THEIR RESIDENT  
28 REPRESENTATIVES (INCLUDING EXPLANATION OF RESIDENTS' RIGHTS) AND ASSISTANCE TO RESIDENTS  
29 AND RESIDENT REPRESENTATIVES IN RAISING CONCERNS ABOUT RESIDENT CARE.

## 30 10.2 STAFFING

31 THE FACILITY SHALL EMPLOY SOCIAL SERVICES STAFF THAT IS QUALIFIED ACCORDING TO THE CRITERIA BELOW  
32 AND SUFFICIENT IN NUMBER TO MEET THE SOCIAL AND EMOTIONAL NEEDS OF THE RESIDENTS.

- 33 A) A QUALIFIED SOCIAL WORK STAFF MEMBER IS A PERSON WHO IS EITHER:
- 34 1) A SOCIAL WORKER WITH A BACHELOR'S DEGREE IN SOCIAL WORK REGISTERED OR  
35 AUTHORIZED EXPRESSLY BY COLORADO LAW TO PRACTICE AS A SOCIAL WORKER WHO HAS  
36 ONE YEAR OF SOCIAL WORK EXPERIENCE UNDER THE SUPERVISION OF A LICENSED SOCIAL  
37 WORKER IN A HEALTH CARE SETTING WORKING DIRECTLY WITH RESIDENTS; OR
- 38 2) A SOCIAL WORKER WITH A MASTER'S DEGREE IN SOCIAL WORK WHO IS LICENSED AS A  
39 LICENSED SOCIAL WORKER OR LICENSED CLINICAL SOCIAL WORKER UNDER COLORADO LAW;  
40 OR

1                   3)     A PERSON WITH A MASTER'S OR BACHELOR'S DEGREE IN A RELATED HUMAN SERVICES FIELD  
2                             WHO HAS MONTHLY CONSULTATION WITH A PERSON MEETING THE QUALIFICATIONS IN  
3                             SUBSECTION 2 ABOVE. THE CONSULTATION SHALL BE SUFFICIENT IN AMOUNT TO ASSIST THE  
4                             SOCIAL WORK STAFF TO MEET RESIDENT NEEDS.

5                   B)     EFFECTIVE MAY 15, 2016, ANY FACILITY THAT HAS EMPLOYED A PERSON WITH A HIGH SCHOOL DEGREE  
6                             OR GED AS SOCIAL SERVICES STAFF MAY CONTINUE TO EMPLOY THAT INDIVIDUAL AS LONG AS THE  
7                             FACILITY CAN DOCUMENT PRESCRIBED CONSULTATION.

### 8    10.3   FACILITIES AND EQUIPMENT

9                   THE FACILITY SHALL PROVIDE FOR SOCIAL SERVICES STAFF SUITABLE SPACE, EQUIPPED WITH A TELEPHONE, FOR  
10                            CONFIDENTIAL INTERVIEWS WITH RESIDENTS AND THEIR RESIDENT REPRESENTATIVES. THE SPACE SHALL  
11                            PROVIDE VISUAL AND AUDITORY PRIVACY AND LOCKED STORAGE FOR CONFIDENTIAL RECORDS AND BE  
12                            ACCESSIBLE TO NON-AMBULATORY PERSONS.

## 13   **SECTION 11   RESIDENT ENGAGEMENT**

### 14   11.1   ACTIVITIES PROGRAM

15                   THE FACILITY SHALL OFFER A PROGRAM OF ORGANIZED ENGAGEMENT ACTIVITIES THAT PROMOTE RESIDENTS'  
16                            PHYSICAL, SOCIAL, MENTAL AND INTELLECTUAL WELL-BEING; ENCOURAGES RESIDENT INDEPENDENCE AND  
17                            PURSUIT OF INTERESTS; MAINTAINS AN OPTIMAL LEVEL OF PSYCHO-SOCIAL FUNCTIONING; AND RETAINS IN  
18                            RESIDENTS A SENSE OF CONTINUING USEFULNESS TO THEMSELVES AND THE COMMUNITY.

19                   A)     THE ACTIVITIES PROGRAM SHALL BE BROAD ENOUGH IN SCOPE TO STIMULATE PARTICIPATION OF ALL  
20                            RESIDENTS, BUT NO RESIDENT SHALL BE COMPELLED TO PARTICIPATE IN ANY ACTIVITY. EACH MONTH,  
21                            ACTIVITIES SHALL INCLUDE AT LEAST ONE FROM EACH OF THE FOLLOWING CATEGORIES:  
22                            SOCIAL/RECREATIONAL, INTELLECTUAL, PHYSICAL, SPIRITUAL AND CREATIVE.

23                   B)     THE FACILITY SHALL PROVIDE INDIVIDUAL AND GROUP ENGAGEMENT ACTIVITIES DESIGNED TO MEET  
24                            EACH RESIDENT'S INDIVIDUAL NEEDS.

25                   C)     ACTIVITIES STAFF SHALL PARTICIPATE IN RESIDENT ASSESSMENT AND CARE PLANNING AND SHALL  
26                            IMPLEMENT ENGAGEMENT PROGRAMS.

27                   D)     THE FACILITY SHALL DEVELOP PROGRAMS TO ENCOURAGE COMMUNITY CONTACT, INCLUDING USE OF  
28                            COMMUNITY VOLUNTEERS INSIDE THE FACILITY AND ENGAGEMENT ACTIVITIES FOR RESIDENTS OUTSIDE  
29                            THE FACILITY. THE FACILITY SHALL MAKE REASONABLE TRANSPORTATION ARRANGEMENTS FOR  
30                            RESIDENTS TO PARTICIPATE IN SUCH ACTIVITIES.

31                   E)     THE FACILITY SHALL PROVIDE ENGAGEMENT ACTIVITIES DAILY, INCLUDING AT LEAST ONE EVENING PER  
32                            WEEK. ENGAGEMENT ACTIVITIES IN ADDITION TO RELIGIOUS SERVICES SHALL BE PROVIDED ON  
33                            WEEKENDS EACH WEEK.

34                   F)     THE FACILITY SHALL HAVE A MEANS OF COMMUNICATING SCHEDULED AND SPONTANEOUS DAILY  
35                            ENGAGEMENT ACTIVITIES TO ALL RESIDENTS.

36                   G)     THE FACILITY SHALL RETAIN ACTIVITY ATTENDANCE RECORDS.

### 37   11.2   STAFFING

38                   A)     THE FACILITY SHALL EMPLOY STAFF SUFFICIENT IN NUMBER TO MEET RESIDENT NEEDS.

- 1 B) THE FACILITY SHALL EMPLOY AN ACTIVITIES DIRECTOR WHO MEETS AT LEAST ONE OF THE FOLLOWING  
2 CRITERIA:
- 3 1) AN ACTIVITY PROFESSIONAL CERTIFIED BY THE NATIONAL CERTIFICATION COUNCIL FOR  
4 ACTIVITY PROFESSIONALS AS AN ACTIVITY DIRECTOR CERTIFIED (ADC) OR ACTIVITY  
5 CONSULTANT CERTIFIED (ACC);
- 6 2) AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT MEETING THE  
7 REQUIREMENTS FOR CERTIFICATION BY THE AMERICAN OCCUPATIONAL THERAPY  
8 ASSOCIATION AND HAVING AT LEAST ONE YEAR OF EXPERIENCE IN PROVIDING ACTIVITY  
9 PROGRAMMING IN A NURSING CARE FACILITY;
- 10 3) A THERAPEUTIC RECREATION SPECIALIST, REGISTERED BY THE NATIONAL COUNCIL FOR  
11 THERAPEUTIC RECREATION CERTIFICATION, HAVING AT LEAST ONE YEAR OF EXPERIENCE IN  
12 PROVIDING ACTIVITY PROGRAMMING IN A NURSING CARE FACILITY;
- 13 4) A PERSON WITH A MASTER'S OR BACHELOR'S DEGREE IN THE SOCIAL OR BEHAVIORAL  
14 SCIENCES WHO HAS AT LEAST ONE YEAR OF EXPERIENCE IN PROVIDING ACTIVITY  
15 PROGRAMMING IN A NURSING CARE FACILITY;
- 16 5) A PERSON WHO HAS COMPLETED, WITHIN A YEAR OF EMPLOYMENT, A TRAINING COURSE FOR  
17 ACTIVITY PROFESSIONALS IN AN ACCREDITED STATE FACILITY AND WHO HAS AT LEAST TWO  
18 YEARS EXPERIENCE IN SOCIAL OR RECREATIONAL PROGRAM WORK, AT LEAST ONE YEAR OF  
19 WHICH WAS FULL-TIME IN AN ACTIVITIES PROGRAM IN A HEALTH CARE SETTING; OR
- 20 6) A PERSON WHO HAS MONTHLY CONSULTATION WITH A PERSON MEETING THE QUALIFICATIONS  
21 SET FORTH IN SUBSECTIONS (1) THROUGH (5) ABOVE. THE CONSULTATION SHALL BE  
22 SUFFICIENT IN AMOUNT TO ASSIST THE ACTIVITY STAFF MEMBERS TO MEET RESIDENT NEEDS.

### 23 11.3 RELIGIOUS SERVICES

24 THE FACILITY SHALL ASSIST RESIDENTS WHO ARE ABLE AND WISH TO DO SO TO ATTEND RELIGIOUS SERVICES OF  
25 THEIR CHOICE. THE FACILITY SHALL HONOR RESIDENT REQUESTS TO SEE THEIR CLERGY AND PROVIDE PRIVATE  
26 SPACE FOR SUCH VISITS.

### 27 11.4 SPACE AND EQUIPMENT

28 THE FACILITY SHALL MAKE AVAILABLE THE SUPPLIES, SPACE AND EQUIPMENT TO PROVIDE AN ACTIVITIES  
29 PROGRAM THAT MEETS EACH RESIDENT'S INDIVIDUAL NEEDS. THE FACILITY SHALL PROVIDE AN ACTIVITIES AND  
30 RECREATION AREA WITH ITEMS SUCH AS BOOKS, CURRENT NEWSPAPERS, GAMES, STATIONERY, RADIO AND  
31 TELEVISION.

## 32 SECTION 12 DENTAL SERVICES

### 33 12.1 DENTAL EXAMINATION

34 UPON ADMISSION, THE FACILITY SHALL PROVIDE EACH RESIDENT WHO CONSENTS WITH AN ORAL EXAMINATION  
35 BY A LICENSED DENTIST OR LICENSED DENTAL HYGIENIST. REFUSAL TO CONSENT TO SUCH EXAMINATION SHALL  
36 BE DOCUMENTED IN THE RESIDENT'S HEALTH INFORMATION RECORD. EACH RESIDENT OR RESIDENT  
37 REPRESENTATIVE SHALL BE INFORMED THAT UNDIAGNOSED ORAL HEALTH ISSUES MAY LEAD TO FUTURE HEALTH  
38 ISSUES.

- 39 A) THE FACILITY SHALL ENSURE THAT THE DENTAL EXAMINATION IS CONDUCTED ACCORDING TO CURRENT  
40 DENTAL PRACTICE.

1 B) WHILE THE FACILITY IS NOT RESPONSIBLE TO PAY FOR SUCH SERVICES, THE FACILITY SHALL INFORM ALL  
2 RESIDENTS ABOUT PUBLIC BENEFITS FOR DENTAL SERVICES AND ASSIST RESIDENTS IN ACCESSING  
3 SUCH BENEFITS AND SERVICES.

4 C) IN LIEU OF THE ADMISSION EXAMINATION, THE FACILITY MAY ACCEPT WRITTEN RESULTS OF A  
5 RESIDENT'S ORAL EXAMINATION ADMINISTERED DURING A PERIOD NOT TO EXCEED SIX MONTHS PRIOR  
6 TO ADMISSION. DOCUMENTATION OF SUCH EXAMINATION SHALL BE ENTERED INTO THE RESIDENT'S  
7 HEALTH INFORMATION RECORD.

## 8 12.2 DENTAL RECORDS

9 THE DENTIST OR THE DENTAL HYGIENIST IS RESPONSIBLE FOR THE DENTAL RECORD. FOR RESIDENTS WHO  
10 AGREE TO HAVE DENTAL SERVICES, THE FACILITY SHALL TAKE ALL NECESSARY STEPS TO ASSURE THAT THERE  
11 ARE COMPLETE, ACCURATE DENTAL RECORDS THAT INCLUDE THE FOLLOWING:

12 A) RESULTS OF ALL CURRENT DENTAL EXAMINATIONS AND PLANS FOR TREATMENT.

13 B) ONE OF THE FOLLOWING TO DOCUMENT PROVISION OF PLANNED TREATMENT:

14 1) RECORD OF TREATMENT PROVIDED PURSUANT TO A PLAN FOR TREATMENT, OR

15 2) DOCUMENTATION THAT A RESIDENT OF A NURSING CARE FACILITY OR RESIDENT  
16 REPRESENTATIVE IS AWARE OF ANY AND ALL SPECIFIC ORAL PATHOLOGY IDENTIFIED DURING  
17 AN ORAL EXAMINATION OF THE RESIDENT, BUT ELECTS NOT TO OBTAIN TREATMENT BECAUSE  
18 OF COST OR OTHER REASONS.

## 19 12.3 ORAL APPLIANCES

20 UPON CONSENT, ALL RESIDENTS' REMOVABLE ORAL APPLIANCES OR THEIR CONTAINERS AND PERSONAL  
21 HYGIENE APPLIANCES (INCLUDING WITHOUT LIMITATION, FULL DENTURES, PARTIAL DENTURES, AND  
22 TOOTHBRUSHES) SHALL BE CLEARLY IDENTIFIED AND MARKED WITH THE USER'S NAME, AS RECOMMENDED BY A  
23 DENTIST.

## 24 12.4 DENTAL HYGIENE

25 THE FACILITY SHALL IMPLEMENT POLICIES FOR DAILY ORAL HYGIENE FOR ITS RESIDENTS, IN CONSULTATION WITH  
26 A DENTIST OR A DENTAL HYGIENIST. THIS SHALL INCLUDE DAILY REMOVAL AND CLEANING OF REMOVABLE  
27 PROSTHODONTICS.

28 A) DIRECT CARE STAFF FROM EACH FACILITY SHALL HAVE AT LEAST AN ANNUAL IN-SERVICE TRAINING  
29 COURSE IN PREVENTIVE DENTISTRY AND ORAL HYGIENE, CONDUCTED BY A DENTIST OR DENTAL  
30 HYGIENIST.

# 31 SECTION 13 DIETARY SERVICES

## 32 13.1 GENERAL STANDARDS

33 THE FACILITY SHALL PROVIDE MEALS THAT ARE NUTRITIOUS; ATTRACTIVE; WELL BALANCED; IN CONFORMITY  
34 WITH PRACTITIONER ORDERS AND RESIDENT CHOICE AND SERVED AT THE APPROPRIATE TEMPERATURE IN  
35 ORDER TO ENHANCE RESIDENTS' HEALTH AND WELL BEING. IT SHALL ALSO OFFER NOURISHING SNACKS.

## 36 13.2 ORGANIZATION

37 THE FACILITY SHALL HAVE AN ORGANIZED FOOD SERVICE THAT IS APPROPRIATELY PLANNED, EQUIPPED AND  
38 STAFFED TO PREPARE AND SERVE MEALS. THE FACILITY SHALL OFFER AT LEAST THREE MEALS DAILY AT

1 REGULAR TIMES COMPARABLE TO NORMAL MEALTIMES IN THE COMMUNITY OR IN ACCORDANCE WITH RESIDENT  
2 NEEDS, PREFERENCES, REQUESTS AND PLAN OF CARE. THE FACILITY SHALL MAKE AVAILABLE SUITABLE,  
3 NOURISHING ALTERNATIVE MEALS AND SNACKS FOR RESIDENTS WHO WANT TO EAT AT NON-TRADITIONAL TIMES  
4 OR OUTSIDE OF SCHEDULED MEAL SERVICE TIMES AND IN ACCORDANCE WITH THE RESIDENT PLAN OF CARE.

### 5 13.3 PERSONNEL

6 THE ADMINISTRATOR SHALL DESIGNATE A REGISTERED DIETITIAN WHO MEETS STANDARDS ESTABLISHED BY THE  
7 COMMISSION ON DIETETIC REGISTRATION TO BE RESPONSIBLE FOR THE DIETARY SERVICES.

8 A) IF NOT A REGISTERED DIETITIAN, THE DESIGNEE SHALL RECEIVE REGULARLY SCHEDULED  
9 CONSULTATION FOR DIETARY SERVICES OVERSIGHT FROM A REGISTERED DIETITIAN AND HAVE  
10 APPLICABLE QUALIFICATIONS THAT MEET AT LEAST ONE OF THE CRITERIA LISTED BELOW.

11 1) A BACHELOR'S DEGREE WITH A MAJOR STUDY IN FOOD, NUTRITION, DIETETICS, OR HOTEL  
12 AND/OR RESTAURANT MANAGEMENT;

13 2) AN ASSOCIATE'S DEGREE WITH A MAJOR IN DIETETIC TECHNOLOGY, FOOD MANAGEMENT,  
14 CULINARY ARTS OR HOTEL AND/OR RESTAURANT MANAGEMENT;

15 3) ELIGIBLE TO TAKE THE EXAM FOR CERTIFYING DIETARY MANAGERS OR CULINARY  
16 CERTIFICATION FROM A NATIONAL CREDENTIALLED ORGANIZATION;

17 4) A GRADUATE OF A STATE APPROVED COURSE OF 90 HOURS FOR FOOD SERVICE MANAGEMENT  
18 AND TWO YEARS FOOD SERVICE MANAGEMENT EXPERIENCE;

19 5) MILITARY EDUCATION AND TRAINING EQUIVALENT TO SUBSECTION (2) OR (4); OR

20 6) A COMBINATION OF TRAINING AND EXPERIENCE DEEMED APPROPRIATE BY THE NURSING HOME  
21 ADMINISTRATOR TO MEET THE EXPECTATIONS FOR PROVIDING COMPREHENSIVE DIETARY  
22 SERVICES OVERSIGHT.

23 B) THE NUMBER OF TRAINED FOOD SERVICE PERSONNEL SHALL BE SUFFICIENT TO PROVIDE FOOD SERVICE  
24 TO THE RESIDENTS IN THE FACILITY OVER A PERIOD OF 12 HOURS OR MORE PER DAY.

### 25 13.4 POLICIES

26 THE FACILITY SHALL HAVE WRITTEN POLICIES AND PROCEDURES APPROVED BY THE GOVERNING BODY FOR  
27 DIETARY PRACTICES.

### 28 13.5 ORDERS

29 ALL DIETS AND NOURISHMENTS SHALL BE PROVIDED AND SERVED AS ORDERED BY THE ATTENDING  
30 PRACTITIONER.

### 31 13.6 NUTRITIONAL ASSESSMENT AND PROGRESS NOTES

32 THE DIETARY SUPERVISOR OR CONSULTANT SHALL PARTICIPATE IN RESIDENT ASSESSMENT AND CARE PLANNING  
33 REQUIRED IN SECTIONS 7.16, 7.20, AND 7.21 OF THIS CHAPTER.

34 A) THE SUPERVISOR OR CONSULTANT SHALL WRITE PROGRESS NOTES ON EACH RESIDENT AT LEAST AT SIX  
35 MONTH INTERVALS.

36 B) THE FACILITY SHALL REASONABLY ACCOMMODATE INDIVIDUAL RESIDENT PREFERENCES IN MEALS BY  
37 OFFERING APPROPRIATE AND NUTRITIONALLY ADEQUATE SUBSTITUTES.

1 13.7 DIET MANUAL

2 THE FACILITY SHALL MAINTAIN A CURRENT DIET MANUAL CONVENIENTLY AVAILABLE TO THE DIETARY AND  
3 NURSING STAFFS. FOR PURPOSES OF THIS SECTION, CURRENT MEANS INITIALLY PUBLISHED OR REVISED WITHIN  
4 FIVE YEARS.

5 13.8 MENUS

6 A) MENUS SHALL MEET THE NUTRITIONAL NEEDS OF RESIDENTS IN ACCORDANCE WITH THE RECOMMENDED  
7 DIETARY ALLOWANCES OF THE FOOD AND NUTRITION BOARD OF THE NATIONAL RESEARCH COUNCIL,  
8 THE NATIONAL ACADEMY OF SCIENCES.

9 B) MENUS SHALL BE WRITTEN, APPROVED BY A DIETITIAN AND PLANNED AT LEAST ONE WEEK IN ADVANCE,  
10 WITH CONSIDERATION GIVEN TO RESIDENTS' PERSONAL TASTES, DESIRES AND CULTURAL PATTERNS.  
11 MENUS SHALL BE POSTED IN THE KITCHEN AREA AND RETAINED BY THE FACILITY FOR AT LEAST FOUR  
12 WEEKS AFTER THE MENU IS USED. IF MENUS ARE CHANGED, ALL CHANGES SHALL BE POSTED AS  
13 SERVED.

14 C) A STANDARD MEAL PLANNING GUIDE SHALL BE USED PRIMARILY FOR MENU PLANNING AND FOOD  
15 PURCHASING. IT IS NOT INTENDED TO MEET THE NUTRITIONAL NEEDS OF ALL RESIDENTS. THIS GUIDE  
16 SHALL BE ADJUSTED TO CONSIDER INDIVIDUAL DIFFERENCES SINCE RESIDENTS MAY HAVE DIFFERENT  
17 NUTRITIONAL NEEDS BASED UPON AGE, SIZE, GENDER, PHYSICAL ACTIVITY AND STATE OF HEALTH.

18 1) THERE ARE MANY MEAL PLANNING GUIDES FROM REPUTABLE SOURCES SUCH AS THE  
19 AMERICAN DIABETES ASSOCIATION, ACADEMY OF NUTRITION AND DIETETICS OR U.S.  
20 DEPARTMENT OF AGRICULTURE THAT ARE AVAILABLE AND APPROPRIATE FOR USE WHEN  
21 ADJUSTED TO MEET EACH RESIDENT'S NEEDS. RECIPES APPROPRIATE TO THE MENUS AND  
22 NEEDS OF THE FACILITY SHALL BE AVAILABLE TO THE COOKS.

23 13.9 SPACE

24 THE FACILITY SHALL PROVIDE ADEQUATE SPACE TO ACCOMMODATE FIXED AND MOVABLE EQUIPMENT AND  
25 EMPLOYEE FUNCTIONS; RECEIVE, STORE, REFRIGERATE AND PREPARE FOOD; ASSEMBLE TRAYS; STORE CARTS  
26 AND CLEAN DISHES, POTS, AND PANS.

27 13.10 REFRIGERATOR SAFETY

28 EFFECTIVE MAY 15, 2016, WALK-IN REFRIGERATORS AND FREEZERS SHALL HAVE INSIDE LIGHTING AND INSIDE  
29 LOCK RELEASES. IN FACILITIES WHERE THE WALK-IN REFRIGERATORS OR FREEZERS DO NOT HAVE AN INSIDE  
30 LOCK RELEASE, THERE SHALL BE AN ALARM SYSTEM THAT IS CLEARLY AUDIBLE THROUGHOUT THE FOOD  
31 PREPARATION AND STORAGE AREAS OF THE FACILITY AND THAT MAY BE READILY ACTIVATED BY STAFF MEMBERS  
32 FROM WITHIN THE WALK-IN REFRIGERATORS OR FREEZERS.

33 13.11 EQUIPMENT

34 THE FACILITY SHALL PROVIDE EQUIPMENT OF SUFFICIENT AMOUNT AND ADEQUATE TYPE FOR EFFICIENT AND  
35 TIMELY PREPARATION OF MEALS.

36 13.12 STORAGE OF DISHES AND GLASSES

37 CLEAN GLASSES, CUPS AND OTHER DISHES SHALL NOT BE STORED IN SUCH A MANNER AS TO ENTRAP MOISTURE.

38 13.13 RESIDENTS IN ISOLATION

39 DISPOSABLE DISHES AND UTENSILS ARE ACCEPTABLE FOR USE WITH RESIDENTS IN ISOLATION.

1 13.14 NAIL POLISH AND FALSE NAILS

2 UNLESS WEARING INTACT GLOVES IN GOOD REPAIR, STAFF INVOLVED IN PREPARING AND SERVING FOOD SHALL  
3 NOT WEAR NAIL POLISH OR FALSE NAILS.

4 13.15 DINING AND RECREATIONAL FACILITIES

5 DINING AND RECREATION AREAS SHALL BE READILY ACCESSIBLE TO ALL RESIDENTS AND SHALL NOT BE IN A  
6 HALLWAY OR LANE OF TRAFFIC IN OR OUT OF THE FACILITY. SUCH SPACE SHALL BE SUFFICIENT TO  
7 ACCOMMODATE ACTIVITIES CONDUCTED THERE, CONSISTENT WITH RESIDENT COMFORT AND SAFETY. THE  
8 DINING AND RECREATION AREAS MAY BE SEPARATE OR COMBINED.

9 **SECTION 14 FEEDING ASSISTANTS**

10 14.1 "FEEDING ASSISTANT" MEANS AN INDIVIDUAL WHO PROVIDES RESIDENTS WITH ASSISTANCE IN EATING AND  
11 DRINKING IN ORDER TO REDUCE THE INCIDENCE OF UNPLANNED WEIGHT LOSS AND DEHYDRATION.

12 14.2 QUALIFICATIONS

13 A) A NURSING CARE FACILITY SHALL ENSURE THAT ITS FEEDING ASSISTANTS ARE QUALIFIED AND TRAINED  
14 TO MEET THE REQUIREMENTS OF THIS SECTION 14, WITH THE EXCEPTION OF THE FOLLOWING  
15 INDIVIDUALS WHO SHALL BE CONSIDERED EXEMPT:

- 16 1) LICENSED PRACTITIONERS;  
17 2) CERTIFIED NURSE AIDES;  
18 3) SUPERVISED NURSING STUDENTS; AND  
19 4) RESIDENT FAMILY MEMBERS OR DESIGNEES.

20 B) THE FACILITY SHALL VERIFY THAT EACH FEEDING ASSISTANT MEETS THE FOLLOWING CRITERIA:

- 21 1) HAS NO HISTORY THAT WOULD PRECLUDE INTERACTION WITH RESIDENTS; AND  
22 2) HAS SUCCESSFULLY COMPLETED THE FEEDING ASSISTANT TRAINING PROGRAM DESCRIBED IN  
23 SECTION 14.9 OF THIS CHAPTER.

24 14.3 SUPERVISION

25 A FEEDING ASSISTANT SHALL WORK UNDER THE SUPERVISION OF AND SHALL REPORT TO A REGISTERED OR  
26 LICENSED PRACTICAL NURSE. EACH FEEDING ASSISTANT SHALL BE GIVEN INSTRUCTION BY A REGISTERED  
27 NURSE, LICENSED PRACTICAL NURSE OR REGISTERED DIETITIAN CONCERNING THE SPECIFIC FEEDING AND  
28 HYDRATION NEEDS OF EACH RESIDENT BEING ASSISTED.

29 14.4 STAFFING

30 FEEDING ASSISTANTS MAY NOT BE COUNTED TOWARD MEETING OR COMPLYING WITH ANY REQUIREMENT FOR  
31 NURSING CARE STAFF AND FUNCTIONS OF A FACILITY, INCLUDING MINIMUM NURSE STAFFING REQUIREMENTS.

32 14.5 LOCATION

33 FEEDING ASSISTANCE MAY BE PERFORMED IN EITHER CONGREGATE DINING AREAS OR RESIDENT ROOMS IF  
34 DETERMINED SAFE BY THE NURSE IN CHARGE. A NURSE SHALL BE IMMEDIATELY AVAILABLE IN CASE OF AN  
35 EMERGENCY DURING MEALS.

1 14.6 EMERGENCY ASSISTANCE

2 FEEDING ASSISTANTS SHALL KNOW HOW TO USE RESIDENT CALL SYSTEMS AND SHALL IMMEDIATELY SECURE THE  
3 ASSISTANCE OF A NURSE, PRACTITIONER OR OTHER LICENSED PERSONNEL IN AN EMERGENCY.

4 14.7 RESIDENT SELECTION

5 A) RESIDENT SELECTION SHALL BE BASED UPON THE CHARGE NURSE'S ASSESSMENT AND THE RESIDENT'S  
6 LATEST ASSESSMENT AND PLAN OF CARE.

7 B) THE FACILITY SHALL ENSURE THAT A FEEDING ASSISTANT ONLY ASSISTS THOSE RESIDENTS WHO HAVE  
8 NO COMPLICATED FEEDING ISSUES.

9 1) COMPLICATED FEEDING ISSUES INCLUDE, BUT ARE NOT LIMITED TO, DIFFICULTY SWALLOWING,  
10 RECURRENT LUNG ASPIRATIONS AND TUBE OR PARENTERAL/IV FEEDINGS.

11 14.8 POLICIES AND PROCEDURES

12 AN EMPLOYING FACILITY SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES CONCERNING THE USE OF  
13 FEEDING ASSISTANTS DEVELOPED IN ACCORDANCE WITH THIS SECTION.

14 14.9 FEEDING ASSISTANT TRAINING PROGRAM

15 FEEDING ASSISTANT CURRICULUM SPECIFICATIONS AND PROGRAM REQUIREMENTS ARE DEFINED BY THE  
16 DEPARTMENT. NURSING CARE FACILITIES MAY OFFER A FEEDING ASSISTANT TRAINING PROGRAM ONLY UPON  
17 APPROVAL BY THE DEPARTMENT.

18 A) A FACILITY SEEKING APPROVAL TO ADMINISTER A FEEDING ASSISTANT TRAINING PROGRAM SHALL  
19 SUBMIT, IN THE FORM AND MANNER PRESCRIBED BY THE DEPARTMENT, WRITTEN CONFIRMATION THAT  
20 ITS TRAINING PROGRAM CONFORMS TO THE CURRICULUM SPECIFICATIONS AND PROGRAM  
21 REQUIREMENTS ESTABLISHED BY THE DEPARTMENT.

22 1) PROGRAM APPROVAL MAY BE GRANTED FOR A PERIOD NOT TO EXCEED ONE YEAR TO THOSE  
23 PROGRAMS THAT MEET THE MINIMUM REQUIREMENTS.

24 2) A FACILITY APPROVED TO ADMINISTER A FEEDING ASSISTANT TRAINING PROGRAM PURSUANT  
25 TO THIS SECTION SHALL SUBMIT ANNUAL RENEWAL FORMS, IN THE FORM AND MANNER  
26 PRESCRIBED BY THE DEPARTMENT, IN ORDER TO CONTINUE ITS TRAINING PROGRAM.

27 3) THE DEPARTMENT MAY DENY, SUSPEND OR WITHDRAW ITS APPROVAL OF A TRAINING  
28 PROGRAM IF IT DETERMINES THAT THERE IS GOOD CAUSE TO DO SO. GOOD CAUSE INCLUDES,  
29 BUT IS NOT LIMITED TO, A DETERMINATION THAT A FEEDING ASSISTANT TRAINING PROGRAM IS  
30 NOT BEING ADMINISTERED IN COMPLIANCE WITH THE APPLICABLE REGULATIONS.

31 B) FEEDING ASSISTANT TRAINING PROGRAMS SHALL USE AS INSTRUCTORS ONLY INDIVIDUALS WHO HAVE  
32 APPROPRIATE EXPERIENCE IN FEEDING AND HYDRATING RESIDENTS AND WHO MEET THE FOLLOWING  
33 PROFESSIONAL CRITERIA:

34 1) LICENSED IN COLORADO AS A REGISTERED OR PRACTICAL NURSE;

35 2) A REGISTERED DIETICIAN WHO MEETS STANDARDS ESTABLISHED BY THE COMMISSION ON  
36 DIETETIC REGISTRATION;

37 3) A SPEECH-LANGUAGE PATHOLOGIST CERTIFIED BY THE COLORADO DEPARTMENT OF  
38 REGULATORY AGENCIES; OR

- 1                   4)       AN OCCUPATIONAL THERAPIST LICENSED OR AUTHORIZED BY THE COLORADO DEPARTMENT OF  
2                   REGULATORY AGENCIES.
- 3                   C)       CURRICULUM FOR THE FEEDING ASSISTANT TRAINING PROGRAM SHALL INCLUDE, BUT NEED NOT BE  
4                   LIMITED TO, THE FOLLOWING SUBJECTS:
- 5                   1)       FEEDING TECHNIQUES;
- 6                   2)       ASSISTANCE WITH FEEDING AND HYDRATION;
- 7                   3)       COMMUNICATION AND INTERPERSONAL SKILLS;
- 8                   4)       APPROPRIATE RESPONSES TO RESIDENT BEHAVIOR;
- 9                   5)       SAFETY AND EMERGENCY PROCEDURES, INCLUDING THE HEIMLICH MANEUVER;
- 10                  6)       INFECTION CONTROL;
- 11                  7)       RESIDENT RIGHTS; AND
- 12                  8)       RECOGNIZING CHANGES IN RESIDENTS THAT ARE INCONSISTENT WITH THEIR NORMAL  
13                  BEHAVIOR AND THE IMPORTANCE OF REPORTING THOSE CHANGES TO THE SUPERVISORY  
14                  NURSE.
- 15                  D)       SUCCESSFUL COMPLETION OF THE FEEDING ASSISTANT TRAINING PROGRAM REQUIRES EACH  
16                  INDIVIDUAL ENROLLED TO OBTAIN A SCORE OF 80 PERCENT OR GREATER IN A WRITTEN EXAMINATION  
17                  PROVIDED AT THE CONCLUSION OF CLASSROOM INSTRUCTION. WRITTEN EXAMINATION QUESTIONS  
18                  SHALL BE OF AN APPROPRIATE LEVEL OF DIFFICULTY TO REFLECT PROFICIENCY IN EACH MODULE OF THE  
19                  “FEEDING ASSISTANT CURRICULUM SPECIFICATIONS AND PROGRAM REQUIREMENTS” AND, AT THE  
20                  DISCRETION OF THE TRAINING PROGRAM PROVIDER, MAY INCLUDE ANCILLARY FEEDING ASSISTANT-  
21                  RELATED CURRICULUM SUBJECTS. WRITTEN EXAMINATION QUESTIONS SHALL NOT BE DISCLOSED TO  
22                  CANDIDATES IN ADVANCE AND SHALL BE VARIED IN FORMAT AND CONTENT FROM TEST TO TEST.
- 23                  E)       AN INDIVIDUAL WHO SUCCESSFULLY COMPLETES A FEEDING ASSISTANT TRAINING PROGRAM IS NOT  
24                  REQUIRED TO REPEAT THE PROGRAM UNLESS THE INDIVIDUAL HAS NOT PROVIDED FEEDING ASSISTANCE  
25                  FOR A PERIOD OF 24 CONSECUTIVE MONTHS. IN SUCH CASE, THE FACILITY SHALL NOT ALLOW THE  
26                  INDIVIDUAL TO PROVIDE FEEDING ASSISTANCE UNTIL THE INDIVIDUAL SUCCESSFULLY REPEATS THE  
27                  FEEDING ASSISTANT TRAINING PROGRAM.
- 28                  F)       FACILITIES SHALL MAINTAIN THE TRAINING RECORD OF EACH INDIVIDUAL WHO ATTENDS THE FEEDING  
29                  ASSISTANT TRAINING PROGRAM FOR A PERIOD OF NOT LESS THAN THREE YEARS.

## 30   **SECTION 15   RESIDENT RIGHTS**

### 31   15.1   STATEMENT OF RIGHTS

32                   THE FACILITY SHALL ADOPT AND MAKE PUBLIC A STATEMENT REGARDING OF THE RIGHTS AND RESPONSIBILITIES  
33                   OF ITS RESIDENTS AND PROVIDE A COPY TO EACH RESIDENT AND RESIDENT REPRESENTATIVE AT OR BEFORE  
34                   ADMISSION. THE FACILITY AND STAFF SHALL OBSERVE THESE RIGHTS IN THE CARE, TREATMENT AND  
35                   SUPERVISION OF THE RESIDENTS. THE STATEMENT OF RIGHTS SHALL INCLUDE AT A MINIMUM, THE FOLLOWING  
36                   ITEMS:

- 37                  A)       THE RIGHT TO RECEIVE ADEQUATE AND APPROPRIATE HEALTH CARE CONSISTENT WITH ESTABLISHED  
38                  AND RECOGNIZED PRACTICE STANDARDS WITHIN THE COMMUNITY AND THIS CHAPTER.

- 1) FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY, THE FACILITY SHALL ARRANGE FOR PERSONS SPEAKING THE RESIDENT'S LANGUAGE TO FACILITATE DAILY COMMUNICATIONS AND TO ATTEND ASSESSMENT AND CARE PLANNING CONFERENCES IN ORDER TO ALLOW THE RESIDENT TO PARTICIPATE IN THOSE ACTIVITIES. THIS SECTION DOES NOT REQUIRE A TRANSLATOR TO BE PRESENT DAILY AS LONG AS THE RESIDENT IS ABLE TO ENGAGE IN NECESSARY DAILY COMMUNICATION WITHIN THE FACILITY.
- 2) FOR RESIDENTS WITH SENSORY IMPAIRMENTS THAT INHIBIT DAILY COMMUNICATION, THE FACILITY SHALL PROVIDE ASSISTANCE SO THAT THEY MAY PARTICIPATE IN CARE AND ACTIVITIES OF DAILY LIVING.
- B) THE RIGHT TO CIVIL AND RELIGIOUS LIBERTIES, INCLUDING:
- 1) KNOWLEDGE OF AVAILABLE CHOICES AND THE RIGHT TO INDEPENDENT PERSONAL DECISIONS, WHICH WILL NOT BE INFRINGED UPON;
- 2) THE RIGHT TO ENCOURAGEMENT AND ASSISTANCE FROM THE STAFF OF THE FACILITY IN THE FULLEST POSSIBLE EXERCISE OF THESE RIGHTS;
- 3) THE RIGHT TO VOTE; AND
- 4) THE RIGHT TO PARTICIPATE IN ACTIVITIES OF THE COMMUNITY BOTH INSIDE AND OUTSIDE THE FACILITY.
- C) THE RIGHT TO PRESENT GRIEVANCES ON BEHALF OF HIM/HERSELF OR OTHERS TO THE FACILITY'S STAFF OR ADMINISTRATOR; TO GOVERNMENTAL OFFICIALS OR TO ANY OTHER PERSON WITHOUT FEAR OF REPRISAL AND TO JOIN WITH OTHER PATIENTS OR INDIVIDUALS WITHIN OR OUTSIDE OF THE FACILITY TO WORK FOR IMPROVEMENTS IN RESIDENT CARE, INCLUDING:
- 1) THE RIGHT TO PARTICIPATE IN THE RESIDENT COUNCIL; AND
- 2) THE RIGHT TO BE INFORMED OF THE ADDRESS AND PHONE NUMBER FOR THE STATE AND LOCAL LONG-TERM CARE OMBUDSMAN AND THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION. THE FACILITY SHALL POST THESE NUMBERS IN A CONSPICUOUS MANNER.
- D) THE RIGHT TO MANAGE HIS OR HER OWN FINANCIAL AFFAIRS OR TO HAVE A QUARTERLY ACCOUNTING OF ANY FINANCIAL TRANSACTIONS MADE IN HIS OR HER BEHALF, SHOULD THE RESIDENT DELEGATE SUCH RESPONSIBILITY TO THE FACILITY FOR ANY PERIOD OF TIME.
- E) THE RIGHT TO BE FULLY INFORMED, IN WRITING, PRIOR TO OR AT THE TIME OF ADMISSION AND DURING HIS OR HER STAY, OF SERVICES AVAILABLE IN THE FACILITY AND OF RELATED CHARGES, INCLUDING CHARGES FOR SERVICES NOT COVERED UNDER MEDICARE OR MEDICAID OR NOT COVERED BY THE BASIC PER DIEM RATE.
- F) THE RIGHT TO BE FULLY INFORMED OF HIS OR HER MEDICAL CONDITION AND PROPOSED TREATMENT UNLESS OTHERWISE INDICATED BY HIS OR HER PRACTITIONER, AND TO PARTICIPATE IN THE PLANNING OF ALL MEDICAL TREATMENT, INCLUDING:
- 1) THE RIGHT TO REFUSE MEDICATION AND TREATMENT, UNLESS OTHERWISE INDICATED BY HIS OR HER PRACTITIONER, AND TO KNOW THE CONSEQUENCES OF SUCH ACTIONS;
- 2) THE RIGHT TO PARTICIPATE IN DISCHARGE PLANNING; AND

- 1                    3)        THE RIGHT TO REVIEW AND OBTAIN COPIES OF HIS OR HER MEDICAL RECORDS IN ACCORDANCE  
2                    WITH 6 CCR 1011-1, CHAPTER 2, PART 5.
- 3                    G)        THE RIGHT TO HAVE PRIVATE AND UNRESTRICTED COMMUNICATIONS WITH ANY PERSON OF HIS OR HER  
4                    CHOICE; INCLUDING
- 5                    1)        THE RIGHT TO PRIVACY FOR TELEPHONE CALLS OR USE OF ELECTRONIC COMMUNICATION  
6                    DEVICES;
- 7                    2)        THE RIGHT TO RECEIVE MAIL UNOPENED; AND
- 8                    3)        THE RIGHT TO PRIVATE CONSENSUAL SEXUAL ACTIVITY.
- 9                    H)        THE RIGHT TO BE FREE FROM MENTAL AND PHYSICAL ABUSE AND FROM PHYSICAL AND CHEMICAL  
10                    RESTRAINTS, EXCEPT THOSE RESTRAINTS INITIATED THROUGH THE JUDGMENT OF PROFESSIONAL STAFF  
11                    FOR A SPECIFIED AND LIMITED PERIOD OF TIME OR ON THE WRITTEN AUTHORIZATION OF A  
12                    PRACTITIONER.
- 13                    I)        THE RIGHT TO FREEDOM OF CHOICE IN SELECTING A HEALTH CARE FACILITY.
- 14                    J)        THE RIGHT TO COPIES OF THE FACILITY'S RULES AND REGULATIONS, INCLUDING A COPY OF THESE  
15                    RIGHTS, AND AN EXPLANATION OF HIS OR HER RIGHTS AND RESPONSIBILITY TO OBEY ALL REASONABLE  
16                    RULES AND REGULATIONS OF THE FACILITY AND TO RESPECT THE PERSONAL RIGHTS AND PRIVATE  
17                    PROPERTY OF THE OTHER PATIENTS.
- 18                    1)        IF THE RESIDENT HAS LIMITED ENGLISH PROFICIENCY, THE RIGHT TO AN EXPLANATION OF  
19                    RIGHTS AND RESPONSIBILITIES IN A LANGUAGE THE RESIDENT CAN UNDERSTAND; AND
- 20                    2)        THE RIGHT TO SEE FACILITY POLICIES, UPON REQUEST, AND STATE SURVEY REPORTS ON THE  
21                    FACILITY.
- 22                    K)        THE RIGHT TO BE TRANSFERRED OR DISCHARGED ONLY FOR MEDICAL REASONS, HIS OR HER WELFARE  
23                    OR THAT OF OTHER RESIDENTS, OR FOR NONPAYMENT FOR HIS OR HER STAY; AND THE RIGHT TO BE  
24                    GIVEN REASONABLE ADVANCE NOTICE OF ANY TRANSFER OR DISCHARGE, EXCEPT IN THE CASE OF AN  
25                    EMERGENCY AS DETERMINED BY PROFESSIONAL STAFF, CONSISTENT WITH SECTION 15.6.
- 26                    L)        THE RIGHT NOT TO BE TRANSFERRED OR DISCHARGED FOR RAISING CONCERNS OR COMPLAINTS.
- 27                    M)        THE RIGHT TO HAVE PRIVACY IN TREATMENT AND IN CARING FOR PERSONAL NEEDS, CONFIDENTIALITY IN  
28                    THE TREATMENT OF PERSONAL AND MEDICAL RECORDS, AND SECURITY IN STORING AND USING  
29                    PERSONAL POSSESSIONS.
- 30                    N)        THE RIGHT TO BE TREATED COURTEOUSLY, FAIRLY AND WITH THE FULLEST MEASURE OF DIGNITY AND  
31                    TO RECEIVE A WRITTEN STATEMENT OF THE SERVICES PROVIDED BY THE FACILITY, INCLUDING THOSE  
32                    REQUIRED TO BE OFFERED ON AN AS-NEEDED BASIS.
- 33                    O)        THE RIGHT OF ANY PERSON ELIGIBLE TO RECEIVE MEDICAID TO SELECT ANY NURSING CARE FACILITY  
34                    CERTIFIED FOR PARTICIPATION IN MEDICAID WHERE A CERTIFIED BED IS AVAILABLE AND THE FACILITY  
35                    CAN MEET THE RESIDENT'S NEEDS.
- 36    15.2    TRANSFER OF RIGHTS
- 37                    A RESIDENT'S RIGHTS SHALL TRANSFER TO THE RESIDENT REPRESENTATIVE IF THE RESIDENT LACKS DECISIONAL  
38                    CAPACITY.

1 15.3 STAFF TRAINING IN RESIDENTS' RIGHTS

2 THE FACILITY SHALL TRAIN ALL STAFF IN THE OBSERVATION AND PROTECTION OF RESIDENTS' RIGHTS AND  
3 ENSURE THAT A COPY OF THE FACILITY'S STATEMENT OF RESIDENTS' RIGHTS IS AVAILABLE TO ALL NEW AND  
4 CURRENT EMPLOYEES.

5 15.4 GRIEVANCE PROCEDURE

6 THE FACILITY SHALL DEVELOP A GRIEVANCE PROCEDURE, WHICH IT SHALL POST CONSPICUOUSLY IN A PUBLIC  
7 PLACE, FOR PRESENTATION OF GRIEVANCES BY RESIDENTS, RESIDENT REPRESENTATIVES OR THE RESIDENT  
8 COUNCIL REGARDING ANY CONDITIONS, TREATMENT OR VIOLATIONS OF RIGHTS OF ANY RESIDENT BY THE  
9 FACILITY OR STAFF (REGARDLESS OF THE CONSENT OF THE VICTIM OF THE ALLEGED IMPROPER CONDUCT).

10 A) THE FACILITY SHALL DESIGNATE A FULL-TIME STAFF MEMBER ("STAFF DESIGNEE") TO RECEIVE ALL  
11 GRIEVANCES.

12 B) THE FACILITY SHALL ESTABLISH A GRIEVANCE COMMITTEE CONSISTING OF THE ADMINISTRATOR OR HIS  
13 OR HER DESIGNEE, A RESIDENT SELECTED BY THE FACILITY'S RESIDENTS AND A THIRD PERSON AGREED  
14 UPON BY THE ADMINISTRATOR AND THE FACILITY'S RESIDENT REPRESENTATIVE.

15 C) ANY RESIDENT, RESIDENT REPRESENTATIVE OR THE RESIDENT COUNCIL MAY PRESENT A GRIEVANCE TO  
16 THE FACILITY STAFF DESIGNEE ORALLY OR IN WRITING WITHIN 14 DAYS OF THE INCIDENT GIVING RISE TO  
17 THE GRIEVANCE.

18 D) THE STAFF DESIGNEE SHALL CONFER WITH PERSONS INVOLVED IN THE INCIDENT AND OTHER RELEVANT  
19 PERSONS AND, WITHIN THREE DAYS OF RECEIVING THE GRIEVANCE, SHALL PROVIDE A WRITTEN  
20 EXPLANATION OF FINDINGS AND PROPOSED REMEDIES TO THE COMPLAINANT AND THE AGGRIEVED  
21 PARTY, IF OTHER THAN THE COMPLAINANT, AND RESIDENT REPRESENTATIVE, IF ANY. WHERE  
22 APPROPRIATE DUE TO THE MENTAL OR PHYSICAL CONDITION OF THE COMPLAINANT OR AGGRIEVED  
23 PARTY, AN ORAL EXPLANATION SHALL ACCOMPANY THE WRITTEN ONE.

24 E) IF THE COMPLAINANT OR AGGRIEVED PARTY IS DISSATISFIED WITH THE FINDINGS AND REMEDIES OF THE  
25 STAFF DESIGNEE OR THEIR IMPLEMENTATION, WITHIN TEN DAYS OF RECEIVING THE DESIGNEE'S  
26 EXPLANATION, THE COMPLAINANT OR AGGRIEVED PARTY MAY FILE THE GRIEVANCE ORALLY OR IN  
27 WRITING ALONG WITH ANY ADDITIONAL INFORMATION IT WISHES TO THE GRIEVANCE COMMITTEE.

28 F) THE COMMITTEE SHALL CONFER WITH PERSONS INVOLVED IN THE INCIDENT AND OTHER RELEVANT  
29 PERSONS, INCLUDING THE COMPLAINANT, AND WITHIN TEN DAYS OF THE DATE OF THE APPEAL SHALL  
30 PROVIDE A WRITTEN EXPLANATION OF ITS FINDINGS AND PROPOSED REMEDIES TO THE COMPLAINANT  
31 AND THE AGGRIEVED PARTY, IF OTHER THAN THE COMPLAINANT, AND TO THE RESIDENT  
32 REPRESENTATIVE, IF ANY. WHERE APPROPRIATE DUE TO THE MENTAL OR PHYSICAL CONDITION OF THE  
33 COMPLAINANT OR AGGRIEVED PARTY, AN ORAL EXPLANATION SHALL ACCOMPANY THE WRITTEN ONE.

34 G) THE COMPLAINANT OR AGGRIEVED PARTY, IF DISSATISFIED WITH THE FINDINGS AND REMEDIES OF THE  
35 GRIEVANCE COMMITTEE OR THEIR IMPLEMENTATION (EXCEPT FOR GRIEVANCES REGARDING  
36 PRACTITIONER OR PRACTITIONER-PRESCRIBED TREATMENT), MAY FILE THE GRIEVANCE IN WRITING  
37 WITH THE EXECUTIVE DIRECTOR OF THE DEPARTMENT WITHIN TEN DAYS OF RECEIPT OF THE WRITTEN  
38 FINDINGS OF THE GRIEVANCE COMMITTEE. THE DEPARTMENT SHALL THEN INVESTIGATE THE FACTS AND  
39 CIRCUMSTANCES OF THE GRIEVANCE AND MAKE WRITTEN FINDINGS OF FACT, CONCLUSIONS, AND  
40 RECOMMENDATIONS AND PROVIDE THEM TO THE COMPLAINANT, AGGRIEVED PARTY, RESIDENT  
41 REPRESENTATIVE, IF ANY, AND THE FACILITY ADMINISTRATOR.

42 H) IF THE COMPLAINANT OR FACILITY ADMINISTRATOR IS AGGRIEVED BY THE DEPARTMENT'S FINDINGS AND  
43 RECOMMENDATIONS, HE OR SHE MAY REQUEST, WITHIN 30 DAYS OF RECEIPT OF THE FINDINGS AND  
44 RECOMMENDATIONS, THAT THE DEPARTMENT SET THE MATTER FOR HEARING PURSUANT TO SECTION

1 24-4-105, C.R.S. SUCH HEARING MAY BE CONDUCTED BY THE DEPARTMENT, AN ADMINISTRATIVE LAW  
2 JUDGE FROM THE OFFICE OF ADMINISTRATIVE COURTS OR A HEARING OFFICER APPOINTED BY THE  
3 DEPARTMENT.

4 15.5 RESIDENT ADVISORY COUNCIL

5 EACH FACILITY SHALL ESTABLISH A RESIDENT ADVISORY COUNCIL CONSISTING OF NO LESS THAN FIVE MEMBERS  
6 SELECTED FROM THE FACILITY'S RESIDENTS.

7 A) THE COUNCIL SHALL BE CONDUCTED BY RESIDENTS. IT SHALL HAVE THE OPPORTUNITY TO MEET  
8 WITHOUT STAFF PRESENT AND SHALL MEET AT LEAST MONTHLY WITH THE ADMINISTRATOR AND A STAFF  
9 REPRESENTATIVE TO MAKE RECOMMENDATIONS CONCERNING FACILITY POLICIES. STAFF SHALL  
10 RESPOND TO THESE SUGGESTIONS IN WRITING BY THE NEXT MEETING. MINUTES OF COUNCIL MEETINGS  
11 SHALL BE MAINTAINED AND POSTED OR OTHERWISE AVAILABLE TO RESIDENTS.

12 B) THE COUNCIL MAY PRESENT GRIEVANCES TO THE GRIEVANCE COMMITTEE ON BEHALF OF RESIDENTS.

13 C) THE COUNCIL SHALL ELECT ITS OFFICERS AND ESTABLISH A PROCESS FOR OBTAINING VIEWS OF ALL  
14 FACILITY RESIDENTS.

15 15.6 RESIDENT TRANSFER, DISCHARGE OR ROOM CHANGE

16 A) THE FOLLOWING DEFINITIONS APPLY TO THIS SECTION 15.6:

17 1) "DISCHARGE" MEANS MOVEMENT OF A RESIDENT FROM A NURSING CARE FACILITY TO A NON-  
18 INSTITUTIONAL SETTING WHEN THE DISCHARGING FACILITY CEASES TO BE LEGALLY  
19 RESPONSIBLE FOR THE CARE OF THE RESIDENT.

20 2) "TRANSFER" MEANS MOVEMENT OF A RESIDENT FROM A NURSING CARE FACILITY TO ANOTHER  
21 INSTITUTIONAL SETTING WHEN THE LEGAL RESPONSIBILITY FOR THE CARE OF THE RESIDENT  
22 CHANGES FROM THE TRANSFERRING FACILITY TO THE RECEIVING FACILITY.

23 3) "ROOM CHANGE" REFERS TO THE MOVEMENT OF A RESIDENT FROM ONE ROOM TO ANOTHER.

24 B) A RESIDENT SHALL NOT BE TRANSFERRED OR DISCHARGED UNLESS:

25 1) THE TRANSFER OR DISCHARGE IS NECESSARY FOR THE RESIDENT'S WELFARE. FACILITIES THAT  
26 ARE CERTIFIED TO PARTICIPATE IN THE MEDICAID AND/OR MEDICARE REIMBURSEMENT  
27 PROGRAM MUST ALSO DEMONSTRATE THAT THE RESIDENT'S NEEDS CANNOT BE MET IN THE  
28 FACILITY;

29 2) THE TRANSFER OR DISCHARGE IS ONLY FOR MEDICAL REASONS. FACILITIES THAT ARE  
30 CERTIFIED TO PARTICIPATE IN THE MEDICAID AND/OR MEDICARE REIMBURSEMENT PROGRAM  
31 MUST ALSO DEMONSTRATE THAT THE RESIDENT'S NEEDS CANNOT BE MET IN THE FACILITY;

32 3) THE TRANSFER OR DISCHARGE IS NECESSARY TO PRESERVE THE WELFARE OF OTHER  
33 RESIDENTS; OR

34 4) THE RESIDENT HAS FAILED TO PAY FOR (OR TO HAVE PAID UNDER MEDICAID OR MEDICARE) A  
35 STAY AT THE FACILITY. FACILITIES THAT ARE CERTIFIED TO PARTICIPATE IN THE MEDICAID  
36 AND/OR MEDICARE REIMBURSEMENT PROGRAM MUST ALSO PROVIDE REASONABLE AND  
37 APPROPRIATE NOTICE OF AT LEAST 30 DAYS FOR NON-PAYMENT AND ITS CONSEQUENCES TO  
38 THE RESIDENT PRIOR TO INITIATING A TRANSFER OR DISCHARGE OF A RESIDENT FOR REASONS  
39 OF NON-PAYMENT.

- 1 C) WHEN A RESIDENT IS TRANSFERRED OR DISCHARGED UNDER ANY OF THE CIRCUMSTANCES SPECIFIED  
2 IN 15.6(B), THE FACILITY SHALL ENSURE THAT THE RESIDENT'S HEALTH INFORMATION RECORD  
3 CONTAINS DOCUMENTATION FROM:
- 4 (1) THE RESIDENT'S PRACTITIONER WHEN THE TRANSFER OR DISCHARGE IS FOR THE REASONS  
5 DESCRIBED IN SECTIONS 15.6(B)(1), (2) OR (3); AND
- 6 (2) THE NURSING HOME ADMINISTRATOR WHEN TRANSFER OR DISCHARGE IS FOR THE REASON  
7 DESCRIBED IN SECTION 15.6(B)(4).
- 8 D) WHENEVER A RESIDENT IS TRANSFERRED OR DISCHARGED FOR THE REASONS DESCRIBED IN SECTIONS  
9 15.6(B)(1), (2) OR (3), THE FACILITY SHALL PROVIDE ASSESSMENT AND REASONABLE INTERVENTION  
10 PRIOR TO DETERMINING THE NEED FOR THE TRANSFER OR DISCHARGE. THE ASSESSMENT, ATTEMPTED  
11 INTERVENTION AND REASON FOR THE DISCHARGE OR TRANSFER SHALL BE DOCUMENTED IN THE  
12 RESIDENT'S HEALTH INFORMATION RECORD.
- 13 E) THE FACILITY SHALL PROVIDE REASONABLE ADVANCE NOTICE TO THE RESIDENT AND RESIDENT  
14 REPRESENTATIVE OF ITS INTENT TO TRANSFER OR DISCHARGE THE RESIDENT. REASONABLE ADVANCE  
15 NOTICE MEANS NOTICE IN WRITING AT LEAST 30 DAYS BEFORE THE TRANSFER OR DISCHARGE EXCEPT  
16 IN THE FOLLOWING CIRCUMSTANCES IN WHICH THE PROFESSIONAL STAFF DETERMINES THERE IS AN  
17 EMERGENCY, IN WHICH CASE THE NOTICE MUST BE MADE AS SOON AS PRACTICABLE BEFORE THE  
18 TRANSFER OR DISCHARGE:
- 19 1) THE SAFETY OF RESIDENTS IN THE FACILITY IS ENDANGERED;
- 20 2) THE HEALTH OF RESIDENTS IN THE FACILITY IS ENDANGERED; AND/OR
- 21 3) AN IMMEDIATE TRANSFER OR DISCHARGE IS REQUIRED BY THE RESIDENT'S URGENT MEDICAL  
22 NEEDS.
- 23 F) THE WRITTEN NOTICE SHALL BE IN A LANGUAGE AND MANNER UNDERSTANDABLE TO THE RESIDENT AND  
24 THE RESIDENT REPRESENTATIVE, IF APPLICABLE, AND SHALL INCLUDE:
- 25 1) THE REASON FOR THE TRANSFER OR DISCHARGE;
- 26 2) THE EFFECTIVE DATE OF THE TRANSFER OR DISCHARGE;
- 27 3) THE LOCATION TO WHICH THE RESIDENT IS TRANSFERRED OR DISCHARGED;
- 28 4) THE GRIEVANCE PROCEDURE; AND
- 29 5) THE FOLLOWING TEXT:
- 30 "YOU HAVE A RIGHT TO APPEAL THE NURSING CARE FACILITY'S DECISION TO TRANSFER OR DISCHARGE YOU. IF YOU THINK  
31 YOU SHOULD NOT BE TRANSFERRED OR DISCHARGED, YOU MAY APPEAL TO \_\_\_\_\_ (STAFF DESIGNEE). IF YOU DO  
32 NOT WISH TO HANDLE THE APPEAL YOURSELF, YOU MAY USE AN ATTORNEY, RELATIVE, OR FRIEND. IF YOUR APPEAL IS  
33 NOT RESOLVED TO YOUR SATISFACTION BY THE STAFF DESIGNEE, YOU CAN CONTINUE YOUR APPEAL TO THE NURSING  
34 CARE FACILITY'S GRIEVANCE COMMITTEE AND, IF NECESSARY, THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND  
35 ENVIRONMENT. YOU MAY DIRECT QUESTIONS REGARDING THIS NOTICE TO THE DEPARTMENT OF PUBLIC HEALTH AND  
36 ENVIRONMENT AT \_\_\_\_\_ (DIVISION NAME, ADDRESS AND PHONE NUMBER)."
- 37 (a) NURSING CARE FACILITIES THAT ARE CERTIFIED FOR MEDICAID AND/OR MEDICARE  
38 REIMBURSEMENT, MUST ALSO ADD THE FOLLOWING STATEMENT:

1 "IN ADDITION, IF YOU HAVE QUESTIONS OR COMPLAINTS ABOUT THE TRANSFER OR DISCHARGE OR WOULD LIKE HELP TO  
2 APPEAL, CALL OR WRITE THE STATE OR LOCAL LONG-TERM CARE OMBUDSMAN AT \_\_\_\_\_(PHONE  
3 NUMBERS/ADDRESSES)."

4 (b) IF THE RESIDENT WHO IS BEING INVOLUNTARILY TRANSFERRED IS A PERSON WITH A  
5 DEVELOPMENTAL DISABILITY FOR WHOM AN AGENCY HAS BEEN AUTHORIZED BY LAW  
6 AS THE AGENCY RESPONSIBLE FOR ADVOCACY AND PROTECTION OF THE RIGHTS OF  
7 PERSONS WITH DEVELOPMENTAL DISABILITIES, THE NURSING CARE FACILITY MUST  
8 ALSO FURNISH TO RESIDENT AND THE RESIDENT REPRESENTATIVE, THE FOLLOWING  
9 STATEMENT:

10 "IN ADDITION, IF YOU HAVE QUESTIONS OR COMPLAINTS ABOUT THE TRANSFER OR DISCHARGE OR WOULD LIKE HELP TO  
11 APPEAL, CALL OR WRITE THE \_\_\_\_\_, (NAME, PHONE NUMBER AND ADDRESS OF THE AGENCY.)"

12 (c) IF THE RESIDENT WHO IS BEING TRANSFERRED IS A PERSON WITH MENTAL ILLNESS  
13 FOR WHOM AN AGENCY HAS BEEN AUTHORIZED BY LAW AS THE AGENCY RESPONSIBLE  
14 FOR THE ADVOCACY AND PROTECTION OF PERSONS WITH MENTAL ILLNESS, THE  
15 NURSING CARE FACILITY MUST ALSO FURNISH TO THE RESIDENT AND THE RESIDENT  
16 REPRESENTATIVE THE FOLLOWING STATEMENT:

17 "IN ADDITION, IF YOU HAVE QUESTIONS OR COMPLAINTS ABOUT THE TRANSFER OR DISCHARGE OR WOULD LIKE HELP TO  
18 APPEAL, CALL OR WRITE THE \_\_\_\_\_, (NAME, PHONE NUMBER AND ADDRESS OF THE AGENCY.)"

19 G) IN CASES WHERE A RESIDENT IS BEING INVOLUNTARILY TRANSFERRED OR DISCHARGED FROM A  
20 NURSING CARE FACILITY THAT IS CERTIFIED TO PARTICIPATE IN THE MEDICAID AND/OR MEDICARE  
21 REIMBURSEMENT PROGRAM, A COPY OF THE WRITTEN NOTICE (INCLUDING THE GRIEVANCE AND APPEAL  
22 RIGHTS, AND CURRENT CONTACT INFORMATION FOR THE STATE AND LOCAL LONG-TERM CARE  
23 OMBUDSMAN) SHALL ALSO BE SENT TO THE STATE AND LOCAL LONG-TERM CARE OMBUDSMAN AT THE  
24 SAME TIME IT IS SENT TO THE RESIDENT OR AS SOON AS THE DETERMINATION IS MADE THAT THE  
25 TRANSFER OR DISCHARGE IS INVOLUNTARY.

26 H) A FACILITY MUST PROVIDE SUFFICIENT PREPARATION AND ORIENTATION TO RESIDENTS TO ENSURE  
27 SAFE AND ORDERLY TRANSFER AND DISCHARGE FROM THE FACILITY.

28 I) WHEN THE FACILITY INTENDS TO MOVE A RESIDENT TO ANOTHER ROOM IN THE FACILITY WITHOUT THE  
29 RESIDENT'S CONSENT, THE FACILITY SHALL PROVIDE THE RESIDENT AND RESIDENT REPRESENTATIVE  
30 WITH WRITTEN NOTICE OF SUCH INTENT TO BE RECEIVED AT LEAST FIVE DAYS BEFORE SUCH MOVE,  
31 INCLUDING AN EXPLANATION ON THEIR RIGHT TO APPEAL.

32 J) A RESIDENT SHALL NOT BE INVOLUNTARILY TRANSFERRED, DISCHARGED, OR MOVED TO ANOTHER  
33 ROOM WITHIN THE FACILITY UNTIL:

34 1) THE EXPIRATION OF THE NOTICE PERIOD, OR

35 2) THE TIME FOR ANY FURTHER ADMINISTRATIVE APPEALS HAS EXPIRED, OR

36 3) THE GRIEVANCE OR APPEAL HAS BEEN RESOLVED.

### 37 15.7 RESIDENT RELOCATION

38 IF A FACILITY INTENDS TO CLOSE OR CHANGE BED CLASSIFICATION, IT SHALL NOTIFY THE DEPARTMENT OF  
39 PUBLIC HEALTH AND ENVIRONMENT AND THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND  
40 FINANCING, IF IT HAS MEDICAID RESIDENTS, AT LEAST 60 DAYS BEFORE IT EXPECTS TO CEASE OR CHANGE  
41 OPERATIONS AND AT LEAST SEVEN DAYS BEFORE IT NOTIFIES RESIDENTS AND FAMILIES.

- 1 A) THE FACILITY SHALL APPOINT ONE STAFF PERSON TO COORDINATE RESIDENT RELOCATION ACTIVITIES.
- 2 B) IF THE FACILITY HAS MEDICAID RESIDENTS, IT SHALL REVIEW ITS RELOCATION PLAN WITH THE  
3 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING.
- 4 C) ANY FACILITY CERTIFIED FOR PARTICIPATION IN MEDICAID SHALL FOLLOW THE RELOCATION  
5 PROCEDURES REQUIRED BY THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING. OTHER  
6 FACILITIES SHALL PROVIDE FOR AN ORDERLY RELOCATION OF RESIDENTS, DESIGNED TO MINIMIZE RISKS  
7 AND ENSURE OPTIMAL PLACEMENT OF ALL RESIDENTS, IN COORDINATION WITH THE DEPARTMENT OF  
8 PUBLIC HEALTH AND ENVIRONMENT, THE STATE AND/OR LOCAL LONG-TERM CARE OMBUDSMAN AND  
9 LOCAL PUBLIC AND PRIVATE SOCIAL SERVICES AGENCIES.

## 10 SECTION 16 EMERGENCY SERVICES

### 11 16.1 EMERGENCY CARE POLICIES

12 THE FACILITY SHALL COMPLETE A RISK ASSESSMENT USING AN ALL HAZARDS APPROACH. THE FACILITY SHALL  
13 DEVELOP AND FOLLOW DETAILED WRITTEN POLICIES AND PROCEDURES FOR MISSING RESIDENTS AND FOR CARE  
14 OF ALL RESIDENTS TO MEET THE RISKS IDENTIFIED BY THE FACILITY. EMERGENCY POLICIES SHALL BE TAILORED  
15 TO THE GEOGRAPHIC LOCATION OF THE FACILITY; TYPES OF RESIDENTS SERVED AND UNIQUE RISKS AND  
16 CIRCUMSTANCES IDENTIFIED BY THE FACILITY. POLICIES SHALL TAKE AN ALL HAZARDS APPROACH AND SHALL  
17 ADDRESS:

- 18 A) ARRANGEMENTS, DEVELOPED IN CONSULTATION WITH THE MEDICAL DIRECTOR, FOR NECESSARY  
19 MEDICAL CARE WHEN A RESIDENT'S PRACTITIONER IS UNAVAILABLE;
- 20 B) SUBSISTENCE NEEDS OF RESIDENTS, STAFF AND VISITORS;
- 21 C) PROCEDURES AND TRAINING PROGRAMS THAT COVER IMMEDIATE CARE OF RESIDENTS DURING  
22 NATURAL OR MAN-MADE DISASTERS;
- 23 D) POWER NEEDS WITH EMERGENCY AND STANDBY POWER SYSTEMS;
- 24 E) AVAILABILITY AND TRANSFER OF ALL INFORMATION NECESSARY TO MEET THE NEEDS OF THE RESIDENTS  
25 IN THE EVENT OF AN EVACUATION WHILE MAINTAINING CONFIDENTIALITY STANDARDS;
- 26 F) EVACUATION PLANS WITH ALTERNATE FACILITY AGREEMENTS; AND
- 27 G) NOTIFICATION OF PERSONS, SUPPLIERS AND AGENCIES IN AN EMERGENCY.

### 28 16.2 DISASTER PLANS

29 WITH THE ASSISTANCE OF QUALIFIED EXPERTS, THE FACILITY SHALL DEVELOP WRITTEN PLANS FOR PROTECTION  
30 OF PERSONS WITHIN THE BUILDING DURING AN IMPENDING OR ACTUAL DISASTER. PLANS SHALL INCLUDE:

- 31 A) WRITTEN INSTRUCTIONS FOR EACH IDENTIFIED RISK THAT INCLUDE PERSONS TO BE NOTIFIED AND  
32 STEPS TO BE TAKEN. THE INSTRUCTIONS SHALL BE READILY AVAILABLE 24 HOURS A DAY IN MORE THAN  
33 ONE LOCATION WITH ALL STAFF AWARE OF THE LOCATIONS;
- 34 B) A SCHEMATIC PLAN OF THE BUILDING OR PORTIONS THEREOF POSTED AT EACH NURSES' STATION AND  
35 THROUGHOUT THE BUILDING, AS NEEDED, SHOWING EVACUATION ROUTES, SMOKE STOP AND FIRE  
36 DOORS, EXIT DOORS, AND THE LOCATION OF FIRE EXTINGUISHERS AND FIRE ALARM BOXES;
- 37 C) PROCEDURES FOR EVACUATING THE PREMISES;

- 1 D) ASSIGNMENT OF SPECIFIC TASKS AND RESPONSIBILITIES TO THE PERSONNEL ON EACH SHIFT;
- 2 E) AN EMERGENCY PREPAREDNESS COMMUNICATION PLAN;
- 3 F) PROTECTION AND TRANSFER OF HEALTH INFORMATION AS NEEDED TO MEET THE CARE NEEDS OF  
4 RESIDENTS;
- 5 G) PROVISION FOR CARE OF RESIDENTS WHEN ELECTRONIC AND PAPER HEALTH INFORMATION RECORDS  
6 MAY NOT BE ACCESSIBLE;
- 7 H) PROVISION FOR UNANNOUNCED DRILLS AND INSTRUCTION TO KEEP EMPLOYEES INFORMED OF THEIR  
8 DUTIES;
- 9 I) PROVISIONS FOR CONDUCTING SIMULATED FIRE DRILLS AT LEAST QUARTERLY ON EACH SHIFT;
- 10 J) PERIODIC TESTING OF POWER SYSTEMS AND ELECTRONIC RECORD BACK-UPS TO ENSURE OPERABILITY;  
11 AND
- 12 K) WRITTEN MEMORANDUMS OF UNDERSTANDING WITH ALTERNATE HEALTH FACILITIES AND  
13 COORDINATION WITH OTHER COMMUNITY AGENCIES.

14 16.3 MASS CASUALTY PLAN

15 EACH FACILITY SHALL DEVELOP A WRITTEN MASS CASUALTY PLAN FOR MANAGING RESIDENTS AND TREATING  
16 CASUALTIES IN AN EXTERNAL OR COMMUNITY DISASTER. THE PROGRAM SHALL BE DEVELOPED IN COOPERATION  
17 WITH OTHER HEALTH FACILITIES IN THE AREA AND WITH OFFICIAL AND OTHER COMMUNITY AGENCIES.

18 **SECTION 17 HEALTH INFORMATION RECORDS**

19 17.1 RECORD CONTENT

20 THE FACILITY SHALL MAINTAIN ON ITS PREMISES A HEALTH INFORMATION RECORD FOR EACH RESIDENT. THE  
21 RECORD AND THE RESIDENT FOR WHICH IT IS MAINTAINED SHALL BE IDENTIFIED BY A SEPARATE, UNIQUE  
22 NUMBER. THE RECORD SHALL CONTAIN SUFFICIENT INFORMATION TO IDENTIFY THE RESIDENT; PROVIDE AND  
23 SUPPORT RESIDENT DIAGNOSES; AND INCLUDE ORDERS FOR MEDICATIONS, TREATMENTS, RESTORATIVE  
24 SERVICES, DIET, SPECIAL PROCEDURES AND RESIDENT ENGAGEMENT. IT SHALL INCLUDE A CARE PLAN AND  
25 DISCHARGE PLAN AND INDICATE IN PROGRESS NOTES FROM ALL APPLICABLE DISCIPLINES THE RESIDENT'S  
26 PROGRESS AT APPROPRIATE INTERVALS. THE COMPONENTS OF THE RECORD MAY BE KEPT SEPARATELY AS  
27 LONG AS THEY ARE READILY RETRIEVABLE.

- 28 A) ALL ORDERS FOR DIAGNOSTIC PROCEDURES, TREATMENTS, AND MEDICATIONS SHALL BE ENTERED INTO  
29 THE HEALTH INFORMATION RECORD AND AUTHENTICATED AND SIGNED BY THE PRACTITIONER, EXCEPT  
30 THAT ORDERS FOR DENTAL PROCEDURES SHALL BE AUTHENTICATED AND SIGNED BY A DENTIST. ALL  
31 REPORTS OF X-RAY, LABORATORY TESTS, EKG, AND OTHER DIAGNOSTIC TESTS SHALL BE  
32 AUTHENTICATED BY THE PERSON OR ENTITY SUBMITTING THEM AND INCORPORATED INTO THE HEALTH  
33 INFORMATION RECORD WITHIN TWO DAYS AFTER RECEIPT BY THE FACILITY.
- 34 B) ALL ENTRIES IN THE HEALTH INFORMATION RECORD SHALL BE CURRENT, DATED, AND SIGNED OR  
35 AUTHENTICATED. THE RESPONSIBILITY FOR COMPLETING THE HEALTH INFORMATION RECORD RESTS  
36 WITH THE ATTENDING PRACTITIONER AND THE FACILITY ADMINISTRATOR. AUTHENTICATION OF THE  
37 HEALTH INFORMATION RECORD SHALL BE ACCOMPLISHED BY HAND WRITTEN SIGNATURE, IDENTIFIABLE  
38 INITIALS OR DIGITIZED ELECTRONIC SIGNATURE.

- 1 C) A COMPLETED HEALTH INFORMATION RECORD SHALL BE MAINTAINED ON EVERY RESIDENT FROM THE  
2 TIME OF ADMISSION THROUGH THE TIME OF DISCHARGE. ALL HEALTH INFORMATION RECORDS SHALL  
3 CONTAIN THE FOLLOWING ITEMS.
- 4 1) IDENTIFICATION AND SUMMARY SHEET (FACE SHEET) THAT INCLUDES:
- 5 a) RESIDENT'S LEGAL NAME, PREFERRED NAME, HEALTH INFORMATION RECORD NUMBER  
6 SOCIAL SECURITY NUMBER, HEALTH INSURANCE INFORMATION, MARITAL STATUS, AGE,  
7 RACE, HOME ADDRESS, DATE OF BIRTH, RELIGION, LIFETIME OCCUPATION, GENDER  
8 AND LANGUAGE;
- 9 b) NAME, ADDRESS AND PHONE NUMBER OF ATTENDING PRACTITIONER(S);
- 10 c) NAME OF MEDICAL POWER OF ATTORNEY, NEXT OF KIN AND/OR RESIDENT  
11 REPRESENTATIVE, IF KNOWN;
- 12 d) DATE AND TIME OF ADMISSION AND DISCHARGE;
- 13 e) PLACE ADMITTED FROM AND DISCHARGED TO; AND
- 14 f) ADMITTING DIAGNOSIS, FINAL DIAGNOSIS(ES), CONDITION ON DISCHARGE AND  
15 DISPOSITION
- 16 (2) MEDICAL DATA THAT INCLUDES:
- 17 a) PAST MEDICAL HISTORY;
- 18 b) ADVANCE DIRECTIVES AND LEGAL AUTHORITY DOCUMENTATION;
- 19 c) DOCUMENTATION OF AN INITIAL COMPREHENSIVE PHYSICIAN VISIT WITHIN 30 DAYS OF  
20 ADMISSION AND RE-ADMISSION BASED ON RESIDENT NEED AND AT LEAST ANNUALLY;
- 21 d) INFORMED CONSENTS, RELEASES AND NOTIFICATIONS;
- 22 e) PRACTITIONER ORDERS OF ALL MEDICATIONS, TREATMENT, DIET, RESTORATIVE AND  
23 SPECIAL PROCEDURES;
- 24 f) REPORTS OF ANY SPECIAL EXAMINATIONS, INCLUDING LABORATORY AND X-RAY  
25 REPORTS;
- 26 g) REPORTS OF CONSULTATIONS BY CONSULTING PRACTITIONERS, IF ANY;
- 27 h) REPORTS FROM ALL CONSULTING PERSONS AND AGENCIES, IF ANY;
- 28 i) REPORTS OF SPECIAL TREATMENTS, SUCH AS PHYSICAL, OCCUPATIONAL, SPEECH OR  
29 RESPIRATORY THERAPY;
- 30 j) HOSPICE, DIALYSIS, ULCER AND/OR WOUND CARE;
- 31 k) DENTAL REPORTS, IF ANY;
- 32 l) TREATMENT AND PROGRESS NOTES WRITTEN AND SIGNED BY THE PRACTITIONER AT  
33 THE TIME OF EACH VISIT,

- 1 m) HOSPITAL DISCHARGE SUMMARY SHEET AND TRANSFER FORM WHEN APPLICABLE;  
2 HISTORY AND PHYSICAL; SURGICAL REPORT WHEN APPLICABLE; AND PERTINENT  
3 MEDICATION AND FLUID ADMINISTRATION (INCLUDING NAMES AND DATES OF  
4 INTRAVENOUS MEDICATION);
- 5 n) CARE PLANS;
- 6 o) INTERDISCIPLINARY DISCHARGE SUMMARIES;
- 7 p) PHYSICIAN DISCHARGE SUMMARY INCLUDING FINAL DIAGNOSES AND, WHEN  
8 APPLICABLE, CAUSE OF DEATH;
- 9 q) TRANSFER RECORDS; AND
- 10 r) WHEN APPLICABLE, MORTICIAN RECEIPT OF BODY AND ANY POSSESSIONS INCLUDED.
- 11 3) PLANS AND NOTES OF THE SOCIAL SERVICE AND RESIDENT ENGAGEMENT, INCLUDING SOCIAL  
12 HISTORY, SOCIAL SERVICES ASSESSMENT/PLAN, PROGRESS NOTES, RESIDENT ATTENDANCE  
13 RECORDS, ACTIVITIES ASSESSMENT/PLAN AND ACTIVITIES PROGRESS NOTES;
- 14 4) NUTRITIONAL ASSESSMENTS AND PROGRESS NOTES OF THE DIETARY SERVICE;
- 15 5) DOCUMENTATION OF ACCIDENTS OR INCIDENTS EXPERIENCED BY THE RESIDENT; AND
- 16 6) NURSING RECORDS, DATED AND SIGNED BY NURSING PERSONNEL, THAT INCLUDE THE  
17 RESIDENT ASSESSMENT, ALL MEDICATIONS AND TREATMENTS ADMINISTERED, SPECIAL  
18 PROCEDURES PERFORMED, NOTES OF OBSERVATIONS, RESTORATIVE SERVICES AND THE TIME  
19 AND CIRCUMSTANCES OF DISCHARGE OR DEATH.

## 20 17.2 RECORD STORAGE

21 THE FACILITY SHALL PROVIDE A HEALTH INFORMATION RECORD ROOM OR OTHER HEALTH INFORMATION RECORD  
22 ACCOMMODATION, SUPPLIES AND EQUIPMENT ADEQUATE FOR HEALTH INFORMATION RECORD FUNCTIONS AND  
23 PROTECTION OF RESIDENT PRIVACY AND CONFIDENTIALITY REGARDLESS OF THE FORM OR STORAGE METHOD OF  
24 RECORDS.

25 A) HEALTH INFORMATION RECORDS SHALL BE MAINTAINED AND STORED SAFELY OUT OF DIRECT ACCESS  
26 OF WATER, FIRE AND OTHER HAZARDS, FOR PRIVACY AND PROTECTION FROM LOSS, DAMAGE, AND  
27 UNAUTHORIZED ACCESS OR USE. ELECTRONICALLY STORED RECORDS SHALL BE BACKED UP DAILY  
28 AND SECURED FROM UNAUTHORIZED ACCESS AND LOSS.

29 1) A PRIVACY OFFICER OR OTHER DESIGNATED STAFF PERSON SHALL BE APPOINTED TO ENSURE  
30 THE PRIVACY OF HEALTH INFORMATION RECORDS IN ALL FORMATS; PROTECT ALL FACILITY  
31 HELD PERSONAL HEALTH INFORMATION; AND HANDLE AMENDMENTS TO AND ACCOUNTING OF  
32 HEALTH INFORMATION RECORDS.

33 B) CUSTODY OF HEALTH INFORMATION RECORDS SHALL BE THE RESPONSIBILITY OF THE PRIVACY OFFICER  
34 OR OTHER DESIGNATED STAFF PERSON APPOINTED TO ASSESS RISKS AND MANAGE THE SECURITY OF  
35 HEALTH INFORMATION RECORDS IN ALL FORMATS. CURRENT PURGED AND CLOSED PAPER RECORDS  
36 MUST BE SECURED WITH DOUBLE LOCKS. ELECTRONIC EQUIPMENT NEEDED FOR THE CREATION AND  
37 MAINTENANCE OF AN ELECTRONIC HEALTH INFORMATION RECORD MUST BE SECURED FROM  
38 UNAUTHORIZED ACCESS AND USE AND PROTECTED FROM LOSS. ELECTRONIC EQUIPMENT INCLUDES  
39 SERVERS, COMPUTERS, LAPTOPS, TABLETS, PDAS, SMART PHONES AND CAMERAS.

## 40 17.3 RECORD PRESERVATION

1 ALL HEALTH INFORMATION RECORDS SHALL BE COMPLETED NO LATER THAN 30 DAYS FOLLOWING RESIDENT  
2 DISCHARGE; FILED, ARCHIVED AND REPRODUCIBLE FOR TEN YEARS AFTER THE DATE OF THE LAST DISCHARGE.

3 17.4 RECORD MAINTENANCE

4 THE FACILITY SHALL IDENTIFY AND MAKE PROVISIONS FOR THE COMPLETE AND ACCURATE MAINTENANCE OF THE  
5 RESIDENT HEALTH INFORMATION RECORD TO ENSURE PRIVACY, CONFIDENTIALITY AND SECURITY STANDARDS.

6 17.5 STAFFING

7 THE FACILITY SHALL EMPLOY HEALTH INFORMATION MANAGEMENT STAFF IN SUFFICIENT NUMBER TO MEET THE  
8 NEEDS OF THE FACILITY. STAFF MEMBERS SHALL BE CONSIDERED QUALIFIED IF THEY MEET EITHER OF THE  
9 CRITERIA BELOW.

10 1) A REGISTERED HEALTH INFORMATION ADMINISTRATOR (RHIA) OR REGISTERED HEALTH INFORMATION  
11 TECHNICIAN (RHIT) WITH EITHER ONE YEAR OF EXPERIENCE IN A NURSING CARE FACILITY OR, IF NO  
12 EXPERIENCE IN A NURSING CARE FACILITY, REGULAR CONSULTATIONS FOR ONE YEAR WITH A QUALIFIED  
13 RHIA OR RHIT; OR

14 2) DEDICATED STAFF MEMBER(S) WITH ONE YEAR WORK EXPERIENCE AND/OR TRAINING IN HEALTH  
15 INFORMATION MANAGEMENT AND REGULAR CONSULTATIONS FROM A QUALIFIED RHIA OR RHIT.

16 17.6 STAFF RESPONSIBILITIES

17 HEALTH INFORMATION STAFF SHALL BE RESPONSIBLE FOR ALL OF THE FOLLOWING ITEMS:

18 A) THE AUDITING, MAINTENANCE, SUPERVISION, CODING, CLOSING, SCANNING, FILING AND PROVIDING  
19 SECURE STORAGE OF ALL RESIDENT HEALTH INFORMATION RECORDS.

20 B) PROVIDING ACCESS TO AND RELEASE OF HEALTH INFORMATION PER SECTION 25-1-801, C.R.S.

21 C) REPORTING TO THE NURSING HOME ADMINISTRATOR ANY IRREGULARITIES IDENTIFIED DURING AUDITS,  
22 SURVEYS OR OTHER INVESTIGATIONS BY THE DEPARTMENT.

23 D) OBTAINING, MAINTAINING AND SECURING CURRENT CREDENTIALING DOCUMENTATION FOR ALL NON-  
24 EMPLOYEE PRACTITIONERS, CONSULTANTS AND OTHER LICENSED PROFESSIONALS WHO PROVIDE  
25 SERVICES IN THE FACILITY INCLUDING, WHEN APPLICABLE, THE FOLLOWING:

26 1) DEA LICENSE;

27 2) NPI NUMBER;

28 3) MEDICAID PROVIDER NUMBER;

29 4) LIABILITY INSURANCE INFORMATION;

30 5) PROOF OF MONTHLY OFFICE OF INSPECTOR GENERAL (OIG) EXCLUSION LIST CHECKS  
31 AND ANNUAL PECOS ENROLLMENT CHECKS AS REQUIRED BY FEDERAL REGULATION;  
32 AND

33 6) TUBERCULOSIS TEST RESULTS AND ANNUAL INFLUENZA VACCINATION  
34 DOCUMENTATION.

35 E) OBTAINING AUTHENTICATION OF SIGNATURE AND INITIALS FROM EACH PRACTITIONER, CONSULTANT AND  
36 OTHER LICENSED PROFESSIONAL WHO PROVIDES SERVICES TO RESIDENTS. FOR ELECTRONIC HEALTH

1 INFORMATION RECORDS, AN ELECTRONIC SIGNATURE AGREEMENT SHALL BE OBTAINED STATING  
2 ELECTRONIC RECORD ACCESS AND PASSWORDS WILL NOT BE SHARED.

3 F) IMPLEMENTATION OF HEALTH INFORMATION RECORD DISASTER PLANS TO MEET THE NEEDS OF THE  
4 RESIDENTS DURING EMERGENCIES.

#### 5 17.7 NURSING CARE FACILITY RECORDS

6 THE FACILITY SHALL MAINTAIN, WITH CURRENT INFORMATION, THE FOLLOWING RECORDS:

7 A) DAILY CENSUS INCLUDING CURRENT RESIDENT ROOM NUMBERS;

8 B) ADMISSION AND DISCHARGE REGISTRIES;

9 C) MASTER RESIDENT INDEX;

10 D) RESIDENT NUMBER INDEX;

11 E) DISEASE INDEX BY ICD CODE; AND

12 F) FILE OF ALL ACCIDENT AND INCIDENT REPORTS INCLUDING, WITHOUT LIMITATION, THOSE REQUIRED BY

13 6 CCR 1011-1, CHAPTER 2, PART 3.

### 14 SECTION 18 OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY

#### 15 18.1 SERVICES

16 THE FACILITY SHALL PROVIDE OR MAKE ARRANGEMENTS FOR REFERRAL TO OCCUPATIONAL, PHYSICAL AND/OR  
17 SPEECH THERAPY SERVICES FOR ALL RESIDENTS WITH PRACTITIONER ORDERS FOR SUCH THERAPY.

18 A) THE FACILITY SHALL HAVE WRITTEN POLICIES APPROVED BY THE GOVERNING BODY IDENTIFYING THE  
19 ORGANIZATION, ADMINISTRATION, PERFORMANCE STANDARDS, DIRECTION AND SUPERVISION OF  
20 THERAPY CARE FOR RESIDENTS.

#### 21 18.2 THERAPIST QUALIFICATIONS

22 A) OCCUPATIONAL THERAPY SHALL ONLY BE PROVIDED BY AN OCCUPATIONAL THERAPIST LICENSED OR  
23 AUTHORIZED BY THE COLORADO DEPARTMENT OF REGULATORY AGENCIES. ALL PERSONNEL  
24 ASSISTING RESIDENTS WITH OCCUPATIONAL THERAPY SHALL DO SO ONLY UNDER SUPERVISION OF A  
25 LICENSED OCCUPATIONAL THERAPIST.

26 B) PHYSICAL THERAPY SHALL ONLY BE PROVIDED BY A PHYSICAL THERAPIST LICENSED BY THE COLORADO  
27 DEPARTMENT OF REGULATORY AGENCIES. ALL PERSONNEL ASSISTING RESIDENTS WITH PHYSICAL  
28 THERAPY SHALL DO SO ONLY UNDER SUPERVISION OF A LICENSED PHYSICAL THERAPIST.

29 C) SPEECH THERAPY SHALL ONLY BE PROVIDED BY A SPEECH-LANGUAGE PATHOLOGIST CERTIFIED BY THE  
30 COLORADO DEPARTMENT OF REGULATORY AGENCIES. ALL PERSONNEL ASSISTING RESIDENTS WITH  
31 SPEECH THERAPY SHALL DO SO ONLY UNDER THE SUPERVISION OF A CERTIFIED SPEECH-LANGUAGE  
32 PATHOLOGIST.

#### 33 18.3 RECORDS

34 THERAPY RECORDS SHALL INCLUDE THE PRACTITIONER'S ORDER FOR TREATMENT, SIGNED PLAN OF CARE,  
35 RESIDENT PROGRESS NOTES, AND RESULTS OF SPECIAL TESTS AND MEASUREMENTS.

1 18.4 COMMUNICATION

2 THE FACILITY SHALL ENSURE THAT THE THERAPIST COMMUNICATES TO THE FACILITY THE RESIDENT'S CONDITION  
3 AND RESPONSE TO TREATMENT WITHIN 14 DAYS OF INITIATION OF TREATMENT AND EVERY 30 DAYS THEREAFTER  
4 WHILE TREATMENT CONTINUES.

5 18.5 SPACE AND EQUIPMENT

6 THE FACILITY SHALL PROVIDE SPACE, APPROPRIATE EQUIPMENT AND STORAGE AREAS ADEQUATE FOR THERAPY  
7 ON ALL REFERRED RESIDENTS. SERVICES SHALL BE PROVIDED IN AN AREA READILY ACCESSIBLE TO RESIDENTS.  
8 EQUIPMENT SHALL BE PROPERLY MAINTAINED TO ENSURE SAFETY OF RESIDENTS AND STAFF.

9 **SECTION 19 PHARMACEUTICAL SERVICES**

10 19.1 ORGANIZATION

11 THE PHARMACEUTICAL SERVICES OF THE FACILITY SHALL BE ORGANIZED AND MAINTAINED EXCLUSIVELY FOR THE  
12 BENEFIT OF THE FACILITY'S RESIDENTS.

13 A) THE PHARMACEUTICAL SERVICE SHALL BE SUPERVISED BY A CONSULTANT PHARMACIST LICENSED TO  
14 PRACTICE PHARMACY IN THE STATE OF COLORADO.

15 1) IN THE EVENT OF A CONFLICT BETWEEN THE RULES IN THIS SECTION REGARDING  
16 PHARMACEUTICAL SERVICES AND THE COLORADO BOARD OF PHARMACY RULES AT 3 CCR  
17 719-1, THE LATER SHALL CONTROL.

18 B) ALL COMPOUNDING AND DISPENSING SHALL BE FROM A PHARMACY LICENSED BY THE COLORADO  
19 BOARD OF PHARMACY IN ACCORDANCE WITH ALL PHARMACY LAWS AND REGULATIONS.

20 19.2 ADVISORY COMMITTEES

21 A) THE FACILITY SHALL ESTABLISH A PHARMACEUTICAL ADVISORY COMMITTEE THAT INCLUDES A  
22 REGISTERED NURSE, THE CONSULTING PHARMACIST AND THE MEDICAL DIRECTOR, TO ASSIST IN THE  
23 FORMULATION OF BROAD PROFESSIONAL POLICIES AND PROCEDURES RELATING TO PHARMACEUTICAL  
24 SERVICE IN THE FACILITY.

25 B) THE FACILITY SHALL ESTABLISH A PSYCHOTROPIC ADVISORY COMMITTEE THAT INCLUDES, AT A  
26 MINIMUM, A REGISTERED NURSE, THE CONSULTING PHARMACIST, THE MEDICAL DIRECTOR AND A SOCIAL  
27 WORKER.

28 19.3 MEDICATION REQUISITION AND STORAGE POLICIES

29 THE FACILITY SHALL DESIGNATE IN WRITTEN POLICIES, APPROVED BY THE GOVERNING BODY, THE PERSON  
30 AUTHORIZED TO REQUISITION, RECEIVE, CONTROL AND MANAGE MEDICATIONS.

31 A) RESIDENT MEDICATIONS SHALL BE OBTAINED FROM A LICENSED PHARMACY ON AN INDIVIDUAL  
32 PRESCRIPTION BASIS FOR EACH RESIDENT.

33 B) MEDICATIONS BROUGHT INTO A FACILITY BY A RESIDENT SHALL BE IN THE ORIGINAL PACKAGING WITH  
34 LEGIBLE DIRECTIONS FOR ADMINISTRATION.

35 C) UNLESS THE FACILITY USES A UNIT DOSE SYSTEM, EACH RESIDENT MEDICATION SHALL BE STORED IN  
36 INDIVIDUAL, ORIGINALLY RECEIVED CONTAINERS OR "BLISTER" OR "BUBBLE" CARDS THAT ARE CLEARLY  
37 AND LEGIBLY LABELED WITH THE MEDICATION NAME, STRENGTH, DOSAGE FREQUENCY AND MODE OF  
38 ADMINISTRATION; DATE OF ISSUE AND EXPIRATION; NAME OF PRESCRIBING PRACTITIONER OR DENTIST;

1 DISPENSING PHARMACY NAME, ADDRESS AND TELEPHONE NUMBER; AND THE FULL NAME OF THE  
2 RESIDENT FOR WHOM THE MEDICATION IS PRESCRIBED.

3 D) THE FACILITY SHALL PROTECT EACH RESIDENT'S MEDICATIONS FROM USE BY OTHER RESIDENTS,  
4 VISITORS, AND STAFF.

#### 5 19.4 CONSULTING PHARMACIST

6 THE FACILITY SHALL CONTRACT IN WRITING WITH A LICENSED PHARMACIST OR PHARMACY TO PROVIDE  
7 CONSULTANT PHARMACIST SERVICE TO BE RESPONSIBLE FOR ALL PHARMACEUTICAL MATTERS IN THE FACILITY.  
8 THE CONTRACT SHALL SET FORTH THE FEES TO BE PAID FOR SERVICES AND THE PHARMACIST'S  
9 RESPONSIBILITIES, INCLUDING AT LEAST THE FOLLOWING:

10 A) LEGAL COMPOUNDING;

11 B) PROMPT DISPENSING OF PROPERLY LABELED INDIVIDUAL RESIDENT PRESCRIPTIONS;

12 C) INVENTORY CONTROL;

13 D) ESTABLISHMENT OF NECESSARY RECORDS;

14 E) PERIODIC INSPECTION OF ALL PHARMACEUTICAL SUPPLIES, MEDICATIONS AND PROCEDURES  
15 ON ALL RESIDENT CARE UNITS INCLUDING INSPECTION OF PRESCRIPTION LABELS, EXPIRATION  
16 DATES, STORAGE AND EMERGENCY KIT PROCEDURES;

17 F) PROVISION OF AN EMERGENCY MEDICAL KIT, WHICH REMAINS THE PROPERTY OF A LICENSED  
18 PHARMACY APPROVED BY THE PHARMACEUTICAL ADVISORY COMMITTEE AND THE COLORADO  
19 STATE BOARD OF PHARMACY;

20 G) REGULARLY SCHEDULED VISITS AND CONSULTATIONS AND AT LEAST ANNUAL IN-SERVICE  
21 TRAINING TO STAFF;

22 H) DETERMINATION OF PROPER PROCUREMENT AND MAINTENANCE OF ALL PRESCRIPTIONS AND  
23 OTHER MEDICATIONS;

24 I) DEVELOPMENT OF PROPER ACCOUNTING PROCEDURES FOR CONTROLLED SUBSTANCES AND  
25 LEGEND MEDICATIONS;

26 J) EVALUATION OF THE POLICIES OF THE PHARMACEUTICAL ADVISORY COMMITTEE; AND

27 K) QUARTERLY REPORTS TO THE PHARMACEUTICAL ADVISORY COMMITTEE ON THE STATUS OF  
28 PHARMACY SERVICES.

#### 29 19.5 TELEHEALTH

30 THE CONSULTING PHARMACIST MAY UTILIZE TELEHEALTH FOR THE PERFORMANCE OF ANY TASK SET FORTH IN  
31 THESE REGULATIONS EXCEPT THOSE TASKS WHERE THE REGULATIONS SPECIFICALLY REQUIRE IN-PERSON  
32 INSPECTION OR FACE TO FACE EVALUATION.

#### 33 19.6 CONTROLLED SUBSTANCES

34 ONLY PRACTITIONERS AUTHORIZED UNDER THE LAWS OF THE STATE OF COLORADO AND PROPERLY  
35 REGISTERED WITH THE FEDERAL GOVERNMENT SHALL PRESCRIBE CONTROLLED SUBSTANCES. THE FACILITY  
36 SHALL COMPLY WITH ALL FEDERAL AND STATE LAWS AND REGULATIONS RELATING TO PROCUREMENT, STORAGE,  
37 ADMINISTRATION AND DISPOSAL OF CONTROLLED SUBSTANCES. UNLESS THE FACILITY USES A UNIT DOSE

1 SYSTEM, IT SHALL MAINTAIN A RECORD ON A SEPARATE SHEET FOR EACH RESIDENT RECEIVING A CONTROLLED  
2 SUBSTANCE, WHICH CONTAINS THE NAME OF THE CONTROLLED SUBSTANCE; STRENGTH AND DOSAGE; DATE AND  
3 TIME ADMINISTERED; RESIDENT NAME; NAME OF PRESCRIBING PHYSICIAN OR ADVANCE PRACTICE NURSE;  
4 SIGNATURE OF PERSON ADMINISTERING AND THE QUANTITY OF THE CONTROLLED SUBSTANCE REMAINING.

#### 5 19.7 INVESTIGATIONAL MEDICATIONS

6 A) IF INVESTIGATIONAL MEDICATIONS ARE USED, POLICIES AND PROCEDURES SHALL BE DEVELOPED AND  
7 IMPLEMENTED FOR SAFE AND PROPER USE.

8 B) INVESTIGATIONAL MEDICATIONS SHALL BE USED ONLY:

9 1) WHEN THERE IS WRITTEN APPROVAL OF AN INSTITUTIONAL REVIEW BOARD (IRB),  
10 ESTABLISHED IN ACCORDANCE WITH FEDERAL LAW AND REGULATION; AND

11 2) UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF AND ADMINISTERED IN  
12 ACCORDANCE WITH AN IRB APPROVED PROTOCOL.

#### 13 19.8 DISPOSITION OF MEDICATIONS, MEDICAL DEVICES AND MEDICAL SUPPLIES

14 A) IF CONTROLLED SUBSTANCES (SCHEDULES 2 THROUGH 5) ARE BEING HELD BY A FACILITY ON BEHALF  
15 OF A RESIDENT AND THE CONTROLLED SUBSTANCES ARE NO LONGER NEEDED, THE FACILITY SHALL  
16 CONDUCT ON-SITE DESTRUCTION OF THE CONTROLLED SUBSTANCES AS FOLLOWS:

17 1) THE FACILITY SHALL PROPERLY INVENTORY THE DESTRUCTION AND KEEP THE INVENTORY  
18 COPY ON FILE FOR AT LEAST TWO YEARS;

19 2) DESTRUCTION OF CONTROLLED SUBSTANCES SHALL BE WITNESSED AND DOCUMENTED IN  
20 WRITING BY THE ADMINISTRATOR OR DESIGNEE AND TWO CLINICALLY LICENSED INDIVIDUALS;  
21 AND

22 3) THE DESTRUCTION SHALL BE PERFORMED IN A MANNER THAT RENDERS THE CONTROLLED  
23 SUBSTANCES TOTALLY IRRETRIEVABLE.

24 B) ONCE A DEA CONTROLLED SUBSTANCE, OR ANY MEDICATION REQUIRING DISPOSAL, HAS BEEN  
25 RENDERED TOTALLY IRRETRIEVABLE, THE FACILITY SHALL COMPLY WITH ALL APPLICABLE FEDERAL,  
26 STATE, AND LOCAL LAWS INCLUDING SOLID AND HAZARDOUS WASTE DISPOSAL REGULATIONS.

27 C) IF A FACILITY MEETS THE CRITERIA IN 6 CCR 1011-1, CHAPTER 2, PART 7.202, IT MAY RETURN  
28 UNUSED MEDICATIONS OR MEDICAL SUPPLIES AND USED OR UNUSED MEDICAL DEVICES TO A  
29 PHARMACIST WITHIN THE FACILITY OR TO A PRESCRIPTION DRUG OUTLET IN ORDER FOR THE  
30 MATERIALS TO BE RE-DISPENSED TO ANOTHER RESIDENT OR PATIENT, OR DONATED TO A NONPROFIT  
31 ENTITY THAT HAS THE LEGAL AUTHORITY TO POSSESS THE MATERIALS OR TO A PRACTITIONER  
32 AUTHORIZED BY LAW TO DISPENSE THE MATERIALS.

33 1) A PERSON OR ENTITY IS NOT SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR PROFESSIONAL  
34 DISCIPLINARY ACTION FOR DONATING, ACCEPTING, DISPENSING OR FACILITATING THE  
35 DONATION OF MATERIAL IN GOOD FAITH, WITHOUT NEGLIGENCE, AND IN COMPLIANCE WITH  
36 COLORADO LAW.

#### 37 19.10 MEDICATION RELEASE

38 UPON DISCHARGE, THE FACILITY STAFF SHALL RELEASE MEDICATIONS TO A RESIDENT ONLY WITH WRITTEN  
39 PRACTITIONER AUTHORIZATION.

1 19.11 RESIDENT MEDICATION PROFILE RECORD

2 THE DISPENSING PHARMACIST SHALL MAINTAIN MEDICATION PROFILE RECORDS ON EACH RESIDENT FOR WHOM  
3 MEDICATIONS ARE DISPENSED.

4 **SECTION 20 DIAGNOSTIC SERVICES**

5 20.1 POLICIES

6 THE FACILITY SHALL ESTABLISH AND FOLLOW POLICIES FOR OBTAINING CLINICAL LABORATORY, IMAGING AND  
7 OTHER DIAGNOSTIC SERVICES.

8 20.2 PRACTITIONER ORDERS

9 DIAGNOSTIC SERVICES SHALL BE PROVIDED ONLY ON THE ORDER OF THE ATTENDING PRACTITIONER.

10 20.3 TRANSPORTATION

11 THE FACILITY SHALL ASSIST RESIDENTS TO MAKE ARRANGEMENTS FOR TRANSPORTATION OF RESIDENTS AND/OR  
12 LABORATORY SPECIMENS TO AND FROM THE SOURCE OF DIAGNOSTIC SERVICES.

13 **SECTION 21 PHYSICAL PLANT STANDARDS**

14 21.1 COMPLIANCE WITH FGI GUIDELINES

15 EFFECTIVE JULY 1, 2013, ALL NURSING CARE FACILITIES SHALL BE CONSTRUCTED IN CONFORMITY WITH THE  
16 STANDARDS ADOPTED BY THE DIRECTOR OF THE DIVISION OF FIRE PREVENTION AND CONTROL (DFPC) AT THE  
17 COLORADO DEPARTMENT OF PUBLIC SAFETY. FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR  
18 AFTER JULY 1, 2013, THAT AFFECT PATIENT HEALTH AND SAFETY AND FOR WHICH DFPC HAS NO APPLICABLE  
19 STANDARDS, EACH FACILITY SHALL CONFORM TO THE RELEVANT SECTION(S) OF THE GUIDELINES FOR DESIGN  
20 AND CONSTRUCTION OF HEALTH CARE FACILITIES, (2010 EDITION), FACILITIES GUIDELINES INSTITUTE. THE  
21 GUIDELINES FOR DESIGN AND CONSTRUCTION OF HEALTH CARE FACILITIES, (2010 EDITION), FACILITIES  
22 GUIDELINES INSTITUTE (FGI), IS HEREBY INCORPORATED BY REFERENCE AND EXCLUDES ANY LATER  
23 AMENDMENTS TO OR EDITIONS OF THE GUIDELINES. THE 2010 FGI GUIDELINES ARE AVAILABLE AT NO COST IN A  
24 READ-ONLY VERSION AT: [HTTP://FGIGUIDELINES.ORG/DIGITALCOPY.PHP](http://fgiguideines.org/digitalcopy.php)

25 **SECTION 22 RESIDENT CARE UNIT**

26 22.1 A RESIDENT CARE UNIT IS A DESIGNATED AREA OF A NURSING CARE FACILITY CONSISTING OF A BEDROOM OR A  
27 GROUPING OF BEDROOMS WITH SUPPORTING FACILITIES AND SERVICES THAT ARE PLANNED, ORGANIZED,  
28 OPERATED AND MAINTAINED TO PROVIDE ADEQUATE NURSING AND SUPPORTIVE CARE OF NOT MORE THAN 60  
29 RESIDENTS.

30 22.2 PRIVATE AND MULTI-BED ROOMS

31 THE NURSING CARE FACILITY SHALL PROVIDE PRIVATE AND/OR MULTI-BED ROOMS TO MEET RESIDENT NEEDS.  
32 THERE SHALL BE NO MORE THAN FOUR BEDS PER ROOM.

33 A) MINIMUM ROOM AREA, EXCLUSIVE OF CLOSETS, LOCKERS, WARDROBES OF ANY TYPE, VESTIBULES AND  
34 TOILET ROOMS, SHALL BE 100 SQ. FT. FOR ONE-BED ROOMS AND 80 SQ. FT. PER BED IN MULTI-BED  
35 ROOMS.

36 B) PRIVACY SHALL BE PROVIDED FOR EACH RESIDENT IN A MULTI-BED ROOM BY THE INSTALLATION OF  
37 OPAQUE FLAME RETARDANT CUBICLE CURTAINS OR MOVABLE SCREENING.

- 1 C) EACH BEDROOM SHALL HAVE AN EXTERIOR WINDOW. ONE-HALF OF THE REQUIRED WINDOW AREA  
2 SHALL OPEN WITHOUT THE USE OF TOOLS. IF A MECHANICAL VENTILATION SYSTEM IS PROVIDED, A  
3 PORTION OF THE REQUIRED WINDOW SHALL OPEN WITHOUT THE USE OF TOOLS. PRIVACY FOR THE  
4 RESIDENT AND CONTROL OF LIGHT SHALL BE PROVIDED AT EACH WINDOW.
- 5 D) EACH BEDROOM SHALL HAVE DIRECT ENTRY FROM A CORRIDOR.
- 6 E) ARTIFICIAL LIGHT SHALL BE PROVIDED AND INCLUDE:
- 7 1) GENERAL ILLUMINATION;
- 8 2) OTHER SOURCES OF ILLUMINATION FOR READING, OBSERVATION, EXAMINATIONS AND  
9 TREATMENTS; AND
- 10 3) NIGHT LIGHT CONTROLLED AT THE DOOR OF THE BEDROOM.
- 11 F) A SINK COMPLETE WITH MIXING FAUCET, EASY-TO-USE CONTROLS, SANITARY SOAP AND A METHOD FOR  
12 SANITARY HAND-DRYING SHALL BE PROVIDED IN EACH BEDROOM.
- 13 G) A TOILET ROOM, DIRECTLY ACCESSIBLE FROM EACH BEDROOM, WITHOUT GOING THROUGH A GENERAL  
14 CORRIDOR, SHALL BE PROVIDED.
- 15 1) THERE MAY BE ONE TOILET FOR TWO RESIDENT ROOMS BUT NOT MORE THAN FOUR BEDS.
- 16 2) THE MINIMUM DIMENSIONS FOR ANY ROOM CONTAINING ONLY ONE TOILET ROOM SHALL BE 3  
17 FEET BY 6 FEET.
- 18 3) THE DOOR TO THE TOILET ROOM SHALL BE AT LEAST 2 FEET, 10 INCHES IN WIDTH AND SHALL  
19 NOT SWING INTO THE TOILET ROOM UNLESS PROVIDED WITH RESCUE HARDWARE PERMITTING  
20 THE DOOR TO SWING OUTWARD.
- 21 4) THE TOILET ROOM SHALL CONTAIN A TOILET, PREFERABLY WITH BEDPAN FLUSHING  
22 EQUIPMENT, AND GRAB BARS THAT ARE SECURELY INSTALLED AND STRONG ENOUGH TO  
23 SUPPORT A RESIDENT'S WEIGHT SHALL BE CONVENIENTLY LOCATED FOR THE SAFETY OF  
24 RESIDENTS.
- 25 H) BEDROOMS SHALL BE EQUIPPED WITH MOVABLE FURNITURE AND EQUIPMENT WITH THE FOLLOWING FOR  
26 EACH RESIDENT:
- 27 1) ADJUSTABLE, WASHABLE BED (ROLL AWAY TYPE BEDS, COTS AND FOLDING BEDS SHALL NOT BE  
28 USED), MATTRESS PROTECTED BY WATER-PROOF MATERIAL, MATTRESS PAD AND A  
29 COMFORTABLE PILLOW;
- 30 2) CABINET OR BEDSIDE TABLE;
- 31 3) OVER BED TABLE AS APPLICABLE;
- 32 4) WASTE PAPER RECEPTACLE WITH IMPERVIOUS, DISPOSABLE LINER OR DISPOSABLE WASTE  
33 RECEPTACLE;
- 34 5) PERSONAL CARE EQUIPMENT AS NEEDED; AND
- 35 6) STORAGE FACILITIES ADEQUATE FOR RESIDENTS' PERSONAL ARTICLES AND GROOMING.

- 1 I) EACH BEDROOM SHALL BE PROVIDED WITH A SEPARATE CLOSET OR LOCKER FOR EACH RESIDENT. THE  
2 MINIMUM SIZE OF CLOSET OR LOCKER IN A NURSING CARE FACILITY SHALL BE 1 FOOT, 8 INCHES WIDE BY  
3 1 FOOT, 10 INCHES DEEP WITH FULL LENGTH HANGING SPACE, CLOTHES ROD AND SHELF.
- 4 J) EACH RESIDENT ROOM SHALL BE EQUIPPED WITH A COMMUNICATION SYSTEM TO ALLOW RESIDENTS TO  
5 CALL FOR STAFF ASSISTANCE. THE SYSTEM SHALL BE CAPABLE OF ACTIVATION FROM THE RESIDENT'S  
6 BED, WITH EMERGENCY ACTIVATION FROM THE TOILET ROOM, AND EACH TUB AND SHOWER. THE  
7 SYSTEM SHALL NOTIFY STAFF OF A REQUEST FOR ASSISTANCE VIA AUDIBLE, VISUAL OR ELECTRONIC  
8 MEANS.

9 22.3 SERVICE AREAS

10 THE FOLLOWING SERVICE AREAS SHALL BE PROVIDED ON EACH FLOOR WHERE RESIDENTS RESIDE AND LOCATED  
11 CONVENIENTLY FOR PATIENT CARE.

- 12 A) THERE SHALL BE A STAFF WORK AREA IN EACH RESIDENT CARE UNIT, ALONG WITH ACCESS TO TOILET  
13 FACILITIES OTHER THAN THOSE IN RESIDENT ROOMS.
- 14 B) THERE SHALL BE A MEDICATION PREPARATION AREA EQUIPPED WITH:
- 15 1) CABINETS WITH SUITABLE LOCKING DEVICES TO PROTECT MEDICATIONS STORED THEREIN;
- 16 2) REFRIGERATOR EQUIPPED WITH THERMOMETER AND USED EXCLUSIVELY FOR  
17 PHARMACEUTICAL STORAGE;
- 18 3) COUNTER WORK SPACE;
- 19 4) SINK WITH HAND WASHING FACILITIES; AND
- 20 5) READY ACCESS TO MEDICATION REFERENCE MANUALS.
- 21 C) ONLY MEDICATIONS, EQUIPMENT, AND SUPPLIES FOR THEIR PREPARATION AND ADMINISTRATION SHALL  
22 BE STORED IN THE MEDICATION PREPARATION AREA. TEST REAGENTS, GENERAL DISINFECTANTS,  
23 CLEANING AGENTS, AND OTHER SIMILAR PRODUCTS SHALL NOT BE STORED IN THE MEDICATION AREA.
- 24 D) THERE SHALL BE A STORAGE AREA IN EACH RESIDENT CARE UNIT FOR CLEAN LINEN THAT IS USED ON A  
25 ROUTINE BASIS. THE ROOM SHALL BE EQUIPPED WITH:
- 26 1) COUNTER, SINK WITH MIXING FAUCET, EASY TO USE CONTROLS, SANITARY SOAP AND A  
27 METHOD FOR SANITARY HAND-DRYING;
- 28 2) WASTE CONTAINER WITH COVER (FOOT CONTROLLED RECOMMENDED) AND IMPERVIOUS,  
29 DISPOSABLE LINER; AND
- 30 3) AREA FOR SUPPLIES.
- 31 E) THERE SHALL BE A SOILED HOLDING ROOM EQUIPPED WITH:
- 32 1) SUITABLE COUNTER, DOUBLE-SINK WITH MIXING FAUCET, EASY TO USE CONTROLS, SANITARY  
33 SOAP AND A METHOD FOR SANITARY HAND-DRYING;
- 34 2) WASTE CONTAINER WITH COVER (FOOT CONTROLLED RECOMMENDED) AND IMPERVIOUS,  
35 DISPOSABLE LINER;
- 36 3) SPACE FOR SHORT-TIME HOLDING OF SPECIMENS AWAITING DELIVERY TO LABORATORY;

- 1                   4)     ADEQUATE SHELF AND COUNTER SPACE; AND
- 2                   5)     CLINICAL FLUSHING SINK.
- 3           F)     THERE SHALL BE A UTILITY CLOSET EQUIPPED WITH:
- 4                   1)     SINK, PREFERABLY DEPRESSED OR FLOOR MOUNTED, WITH MIXING FAUCETS;
- 5                   2)     HOOK STRIP FOR MOP HANDLES FROM WHICH SOILED MOP HEADS HAVE BEEN REMOVED;
- 6                   3)     SHELVING FOR CLEANING MATERIALS;
- 7                   4)     HAND WASHING FACILITIES; AND
- 8                   5)     WASTE RECEPTACLES WITH IMPERVIOUS LINER.
- 9           G)     HALLWAYS SHALL BE FREE OF OBSTRUCTIONS SUCH AS FURNITURE, MEDICAL SUPPLIES AND
- 10                   EQUIPMENT.

11   22.4    BATHING ROOMS

12           RESIDENT BATHING ROOMS SHALL BE PROVIDED IN THE RATIO OF ONE TUB OR ONE SHOWER FOR EACH 15

13           RESIDENTS AND MEET THE FOLLOWING CRITERIA:

- 14           A)     GRAB BARS SHALL BE SECURELY INSTALLED AT EACH TUB OR SHOWER AND BE STRONG ENOUGH TO
- 15                   SUPPORT A RESIDENT'S WEIGHT.
- 16           B)     TUBS SHALL HAVE A NON-SLIP SURFACE.
- 17           C)     THE ROOM SHALL PROVIDE PRIVACY AND BE SUFFICIENTLY LARGE TO PROVIDE SPACE FOR WHEELCHAIR
- 18                   MOVEMENT.
- 19                   1)     THE ENTRY DOOR SHALL BE AT LEAST 36 INCHES IN WIDTH.
- 20                   2)     CURBS SHALL BE OMITTED FROM SHOWERS.
- 21           D)     THE BATHING AREA SHALL ALSO CONTAIN A TOILET AND SINK WITH MIXING FAUCET, EASY TO USE
- 22                   CONTROLS, SANITARY SOAP AND A METHOD FOR SANITARY HAND-DRYING.

23   22.5    EMERGENCY EQUIPMENT AND SUPPLIES

- 24           A)     THE FOLLOWING ITEMS SHALL BE READILY AVAILABLE AT ALL TIMES:
- 25                   1)     OXYGEN DELIVERY DEVICES;
- 26                   2)     SUCTION DEVICES;
- 27                   3)     PORTABLE EMERGENCY EQUIPMENT, SUPPLIES AND MEDICATIONS; AND
- 28                   4)     COMPATIBLE SUPPLIES AND EQUIPMENT FOR IMMEDIATE INTRAVENOUS THERAPY.

29   **SECTION 23   SECURE ENVIRONMENT**

30   23.1    COMPLIANCE

1 ANY FACILITY THAT HAS ONE OR MORE RESIDENT CARE UNITS THAT ARE SECURED TO PROHIBIT FREE EGRESS OF  
2 RESIDENTS SHALL COMPLY WITH THE STANDARDS IN THIS SECTION IN ADDITION TO ALL OTHER APPLICABLE  
3 REQUIREMENTS OF THIS CHAPTER.

4 23.2 THERE SHALL BE A DESIGNATED TEAM TO EVALUATE PLACEMENT OF A RESIDENT IN A SECURE ENVIRONMENT.  
5 THE TEAM SHALL INCLUDE, AT A MINIMUM, THE DIRECTOR OF NURSING OR DESIGNEE, A SOCIAL SERVICES STAFF  
6 MEMBER, THE ADMINISTRATOR OR DESIGNEE AND AN INDIVIDUAL (WITH MENTAL HEALTH OR SOCIAL WORK  
7 TRAINING AS APPROPRIATE TO THE NEEDS OF THE RESIDENTS) WHO IS NOT A FACILITY STAFF MEMBER.

8 A) IN EMERGENT SITUATIONS, INITIAL PLACEMENT MAY PROCEED WITHOUT THE INPUT OF A NON FACILITY  
9 STAFF MEMBER PROVIDED A FULL TEAM EVALUATION IS COMPLETED WITHIN SEVEN DAYS OF  
10 PLACEMENT.

11 B) A FACILITY THAT IS A PLACEMENT FACILITY AS DEFINED IN THIS CHAPTER SHALL HAVE AN INDIVIDUAL  
12 FROM ITS CONTRACTING DESIGNATED FACILITY ON THE EVALUATION TEAM FOR EVALUATIONS OF  
13 CLIENTS REFERRED BY THE DESIGNATED FACILITY.

#### 14 23.3 MENTAL HEALTH PLACEMENT FACILITIES

15 ANY FACILITY THAT IS A PLACEMENT FACILITY AS DEFINED IN THIS CHAPTER SHALL ALSO COMPLY WITH 2 CCR  
16 502-1, SECTION 21.280, CARE AND TREATMENT OF PERSONS WITH A MENTAL HEALTH DISORDER IN A  
17 DESIGNATED FACILITY. IN THE CASE OF CONFLICTING REGULATIONS, THE STRICTER SHALL APPLY.

#### 18 23.4 PRE-ADMISSION SCREENING AND PLACEMENT

19 A) IN ORDER TO PLACE A RESIDENT INTO A SECURE ENVIRONMENT, THE FACILITY SHALL ENSURE THAT ALL  
20 OF THE FOLLOWING REQUIREMENTS ARE MET:

21 1) AN EVALUATION TEAM FINDS, BASED ON AVAILABLE EVIDENCE, THAT:

22 a) THE RESIDENT IS A SERIOUS DANGER TO SELF OR OTHERS, OR

23 b) THE RESIDENT HABITUALLY WANDERS OR WOULD WANDER OUT OF BUILDINGS AND IS  
24 UNABLE TO FIND THE WAY BACK, OR

25 c) THE RESIDENT HAS A SIGNIFICANT BEHAVIORAL HEALTH ISSUE THAT SERIOUSLY  
26 DISRUPTS THE RIGHTS OF OTHER RESIDENTS; AND IN ALL CASES

27 d) LESS RESTRICTIVE ALTERNATIVES HAVE BEEN UNSUCCESSFUL IN PREVENTING HARM  
28 TO SELF OR OTHERS.

29 2) A PRACTITIONER HAS AUTHENTICATED THE PLACEMENT;

30 3) WRITTEN FINDINGS AND THE FACTUAL BASIS FOR THE PLACEMENT ARE DOCUMENTED IN THE  
31 HEALTH INFORMATION RECORD; AND

32 4) THE RESIDENT OR RESIDENT REPRESENTATIVE HAS GIVEN INFORMED, WRITTEN CONSENT.

33 a) IF THE RESIDENT LACKS DECISIONAL CAPACITY AND HAS NO RESIDENT  
34 REPRESENTATIVE THE FACILITY SHALL, WITHIN 30 DAYS OF PLACEMENT, PETITION THE  
35 APPROPRIATE COURT TO HAVE A GUARDIAN APPOINTED FOR THE RESIDENT.

36 B) PLACEMENT IN A SECURE ENVIRONMENT SHALL BE BASED SOLELY ON THE PHYSICAL AND  
37 PSYCHOSOCIAL NEEDS OF THE RESIDENT AND SHALL BE THE LEAST RESTRICTIVE ALTERNATIVE  
38 AVAILABLE.

- 1 23.5 A FACILITY SHALL HAVE WRITTEN PROGRAMS TO SUPPORT THE RESIDENTS IT ADMITS, AS REQUIRED BY SECTION  
2 23.9.
- 3 23.6 RESIDENTS OF A SECURE ENVIRONMENT SHALL BE ALLOWED TO HAVE VISITORS AND PARTICIPATE IN  
4 ORGANIZED ACTIVITIES.
- 5 23.7 PLACEMENT EVALUATION
- 6 A) A RESIDENT'S PLACEMENT IN OR RESTRICTION TO A SECURE ENVIRONMENT SHALL TERMINATE IN A  
7 TIMELY MANNER WHEN THE CONDITION OR BEHAVIOR JUSTIFYING THE PLACEMENT HAVE DIMINISHED TO  
8 THE EXTENT THAT THE CRITERIA IN SECTION 23.4 ARE NO LONGER MET, OR WHEN CONSENT IS  
9 TERMINATED OR WITHDRAWN, OR IF THE FACILITY AND PRACTITIONER DETERMINE THAT SUCH  
10 CONTINUED PLACEMENT COULD ADVERSELY AFFECT RESIDENT HEALTH OR SAFETY.
- 11 1) THE FACILITY SHALL PROVIDE THE SAME NOTICE AND APPEAL RIGHTS REQUIRED BY SECTION  
12 15.6(E) AND (F) BEFORE MOVING A RESIDENT OUT OF A SECURE ENVIRONMENT.
- 13 B) THE EVALUATION TEAM DESCRIBED IN SECTION 23.2 SHALL RE-EVALUATE THE PLACEMENT OF EACH  
14 RESIDENT 30 DAYS AFTER INITIAL PLACEMENT AND NO LESS OFTEN THAN EVERY 180 DAYS  
15 THEREAFTER.
- 16 1) INDIVIDUALS UNDER INVOLUNTARY MENTAL HEALTH PLACEMENT UNDER SECTION 27-65-101,  
17 C.R.S., ET SEQ., SHALL BE EVALUATED IN ACCORDANCE WITH 2 CCR 502-1, §21.280 CARE  
18 AND TREATMENT OF PERSONS WITH A MENTAL HEALTH DISORDER IN A DESIGNATED  
19 FACILITY.
- 20 C) FOR RESIDENTS WITH BEHAVIORAL HEALTH ISSUES WHOSE CONDITIONS HAVE STABILIZED, THE FACILITY  
21 MAY CONTINUE PLACEMENT IN THE SECURE ENVIRONMENT IF THE EVALUATION TEAM FINDS THAT  
22 PLACEMENT IS NECESSARY TO MEET THE RESIDENT'S INDIVIDUAL NEEDS.
- 23 23.8 STAFFING
- 24 THE FACILITY SHALL PROVIDE A SUFFICIENT NUMBER OF QUALIFIED STAFF TO MEET FULLY THE NEEDS OF  
25 RESIDENTS IN THE SECURE ENVIRONMENT, PARTICULARLY ON THE NIGHT SHIFT.
- 26 A) STAFF IN THE SECURE ENVIRONMENT SHALL BE EXPERIENCED AND TRAINED IN THE PARTICULAR NEEDS  
27 AND CARE OF ITS RESIDENTS.
- 28 B) FOR RESIDENTS IN THE SECURE ENVIRONMENT, THE FACILITY SHALL ENSURE THERE IS TIME AND STAFF  
29 DEDICATED TO MEET THE SOCIAL, EMOTIONAL AND RECREATIONAL NEEDS OF THE RESIDENTS AND THE  
30 SOCIAL AND EMOTIONAL NEEDS OF THEIR FAMILIES IN COPING WITH THE RESIDENT'S ILLNESS.
- 31 C) FOR RESIDENTS WITH MENTAL ILLNESS, THE FACILITY SHALL PROVIDE STAFF WHO HAVE  
32 DEMONSTRATED KNOWLEDGE AND SKILL IN CARING FOR RESIDENTS WITH MENTAL ILLNESS.
- 33 23.9 PROGRAMS
- 34 IN ADDITION TO MEETING THE SPECIAL MEDICAL AND NURSING NEEDS OF EACH RESIDENT IN THE SECURE  
35 ENVIRONMENT, THE FACILITY SHALL PROVIDE SOCIAL SERVICES AND ACTIVITY PROGRAMS ESPECIALLY DESIGNED  
36 FOR THOSE RESIDENTS TO AVOID PROGRAMMATIC ISOLATION.
- 37 A) ACTIVITIES AND SOCIAL SERVICES PROGRAMS SHALL INCLUDE THE OPPORTUNITY FOR REGULAR  
38 INTERACTION WITH RESIDENTS NOT RESIDING IN THE SECURE ENVIRONMENT AND REGULAR  
39 INTERACTION WITH THE COMMUNITY OUTSIDE THE FACILITY.

1 23.10 SECLUSION

2 RESIDENTS OF THE SECURE ENVIRONMENT MAY NOT BE LOCKED INTO THEIR ROOMS. IF A PLACEMENT FACILITY  
3 CONFINES TO A ROOM ANY INDIVIDUAL WHO IS UNDER INVOLUNTARY MENTAL HEALTH PLACEMENT, THE FACILITY  
4 SHALL COMPLY WITH 2 CCR 502-1, SECTION 21.280.42, USE OF SECLUSION.

5 23.11 PHYSICAL SPACE

6 IN ADDITION TO THE PHYSICAL PLANT REQUIREMENTS OF THESE REGULATIONS, THE FACILITY SHALL PROVIDE AT  
7 LEAST 10 SQUARE FEET PER RESIDENT (EXCLUDING HALLWAYS) OF COMMON AREAS WITHIN THE SECURE  
8 ENVIRONMENT.

9 A) THE FACILITY SHALL IDENTIFY ITS METHOD FOR SECURING THE AREA AND ESTABLISH AND IMPLEMENT  
10 PROCEDURES FOR MONITORING THE EFFECTIVENESS OF THE SECURITY SYSTEM.

11 B) ANY FACILITY THAT HAS AN OUTSIDE AREA OR YARD THAT RESIDENTS IN THE NON-SECURE AREAS OF  
12 THE FACILITY MAY USE SHALL ESTABLISH A SECURE OUTSIDE AREA FOR RESIDENTS OF THE SECURE  
13 ENVIRONMENT.

14 **SECTION 24 HOUSEKEEPING SERVICES**

15 24.1 ORGANIZATION

16 EACH FACILITY SHALL ESTABLISH AN ORGANIZED HOUSEKEEPING SERVICE THAT KEEPS THE FACILITY CLEAN,  
17 ORDERLY AND FREE FROM ODOR RESULTING FROM POOR HOUSEKEEPING PRACTICES.

18 A) THE FACILITY SHALL PROVIDE A SUFFICIENT NUMBER OF HOUSEKEEPING PERSONNEL AND ADEQUATE  
19 EQUIPMENT.

20 B) DEODORIZERS SHALL NOT BE USED TO COVER UP ODORS CAUSED BY UNSANITARY CONDITIONS OR  
21 INADEQUATE HOUSEKEEPING PRACTICES.

22 24.2 EQUIPMENT AND SUPPLIES

23 SUITABLE EQUIPMENT AND SUPPLIES SHALL BE PROVIDED FOR CLEANING OF ALL SURFACES. SUCH EQUIPMENT  
24 SHALL BE MAINTAINED IN A SAFE, SANITARY CONDITION.

25 24.3 DISINFECTANTS

26 DISINFECTANTS SHALL BE ONLY THOSE REGISTERED BY THE MANUFACTURER WITH THE UNITED STATES  
27 ENVIRONMENTAL PROTECTION AGENCY.

28 24.4 STORAGE

29 STORAGE AREAS, ATTICS, AND CELLARS SHALL BE KEPT SAFE AND FREE FROM ACCUMULATIONS OF  
30 EXTRANEOUS MATERIALS SUCH AS REFUSE, DISCARDED FURNITURE AND OLD NEWSPAPERS.

31 A) COMBUSTIBLES SUCH AS CLEANING RAGS AND COMPOUNDS SHALL BE KEPT IN CLOSED METAL  
32 CONTAINERS.

33 B) CLEANING COMPOUNDS AND OTHER HAZARDOUS SUBSTANCES (INCLUDING PRODUCTS LABELED "KEEP  
34 OUT OF REACH OF CHILDREN" ON THEIR ORIGINAL CONTAINERS) SHALL BE CLEARLY LABELED TO  
35 INDICATE CONTENTS AND (EXCEPT WHEN A STAFF MEMBER IS PRESENT) SHALL BE STORED IN A  
36 LOCATION SUFFICIENTLY SECURE TO DENY ACCESS TO CONFUSED RESIDENTS.

- 1) THE FACILITY SHALL MAINTAIN A READILY AVAILABLE LIST AND THE MATERIAL SAFETY DATA SHEET OF POTENTIALLY HAZARDOUS SUBSTANCES USED BY HOUSEKEEPING AND OTHER STAFF.
- 2) UTILITY ROOMS USED FOR STORING DISINFECTANTS AND DETERGENT CONCENTRATES, CAUSTIC BOWL AND TILE CLEANERS AND INSECTICIDES SHALL BE LOCKED.
- C) PAPER TOWELS, TISSUES AND OTHER ABSORBENT PAPER GOODS SHALL BE STORED IN A MANNER THAT PREVENTS THEIR CONTAMINATION PRIOR TO USE.

#### 24.5 CLEANING METHODS

CLEANING SHALL BE PERFORMED IN A MANNER TO MINIMIZE THE SPREAD OF PATHOGENIC ORGANISMS. FLOORS SHALL BE CLEANED REGULARLY.

#### 24.6 FLOOR SURFACES

UNCARPETED FLOORS AND ADJACENT BASE COVING SHALL BE MAINTAINED TO PROVIDE A SMOOTH, CONTINUOUS, WASHABLE SURFACE THAT IS FREE OF DISCOLORATION OR STAINING. POLISHES APPLIED TO UNCARPETED FLOORS SHALL PROVIDE A NONSLIP SURFACE. THROW OR SCATTER RUGS SHALL NOT BE USED EXCEPT FOR NONSLIP ENTRANCE MATS.

#### 24.7 TRAINING AND SUPERVISION

HOUSEKEEPING PERSONNEL SHALL RECEIVE ADEQUATE SUPERVISION. INITIAL AND ANNUAL IN-SERVICE TRAINING PROGRAMS SHALL BE PROVIDED FOR HOUSEKEEPING PERSONNEL.

### SECTION 25 LINEN AND LAUNDRY

#### 25.1 LAUNDRY SERVICES

THE FACILITY SHALL PROVIDE LAUNDRY SERVICES, AND/OR CONTRACT WITH A COMMERCIAL LAUNDRY, WITH WASHING, DRYING, AND IRONING EQUIPMENT OF SUFFICIENT CAPACITY TO PROCESS A CONTINUOUS SEVEN-DAY SUPPLY BASED ON TEN POUNDS OF DRY LAUNDRY PER BED PER DAY.

- A) LAUNDRY EQUIPMENT SHALL MEET ALL SAFETY AND SANITARY REQUIREMENTS. THE EQUIPMENT SHALL BE DESIGNED AND INSTALLED TO COMPLY WITH ALL STATE AND LOCAL LAWS.
- B) LAUNDRY EQUIPMENT, PROCESSING, AND PROCEDURES SHALL RENDER SOILED LINEN AND PATIENT CLOTHING CLEAN AND FREE FROM DETERGENT, SOAP, AND OTHER CHEMICAL RESIDUES.
- C) IF LAUNDRY SERVICES ARE NOT PROVIDED ENTIRELY WITHIN THE FACILITY, THERE SHALL BE A WRITTEN CONTRACT BETWEEN THE FACILITY AND A COMMERCIAL LAUNDRY SERVICE THAT ENSURES COMPLIANCE WITH SECTION 25.1(B).
- D) WITH THE EXCEPTION OF LAUNDRY AMENITIES USED SOLELY FOR RESIDENT'S PERSONAL EFFECTS, LAUNDRY EQUIPMENT AND OPERATIONS SHALL BE LOCATED IN AN AREA SEPARATED FROM RESIDENT CARE UNITS.
- E) THERE SHALL BE PROPER SPACING AND PLACING OF THE EQUIPMENT TO MINIMIZE MATERIAL TRANSPORTATION AND OPERATION; TO AVOID ALL CROSS TRAFFIC BETWEEN CLEAN AND SOILED LINEN; TO PROVIDE BALANCE OF OPERATIONS; AND TO PROVIDE STORAGE BETWEEN OPERATIONS. THE GENERAL AIR MOVEMENT SHALL BE FROM THE CLEANEST AREAS TO THE MOST CONTAMINATED AREAS. SOILED LAUNDRY SHALL BE PROCESSED FREQUENTLY ENOUGH TO PREVENT EXCESSIVE UNSANITARY ACCUMULATIONS.

1 25.2 WASHING TEMPERATURE

2 THE WATER TEMPERATURE AND DURATION OF WASHING CYCLE SHALL BE CONSISTENT WITH THE TEMPERATURE  
3 AND DURATION RECOMMENDED BY THE MANUFACTURERS OF THE LAUNDRY CHEMICALS AND EQUIPMENT BEING  
4 USED.

5 25.3 RESIDENT LINEN SUPPLY

6 LINEN SUPPLY (TOP AND BOTTOM SHEETS, PILLOWCASES, WASHCLOTHS, BATH AND FACE TOWELS) SHALL BE AT  
7 LEAST THREE COMPLETE CHANGES TIMES THE NUMBER OF LICENSED BEDS. ALL LINENS SHALL BE MAINTAINED  
8 CLEAN, IN GOOD REPAIR.

9 25.4 SOILED LINEN HANDLING

10 IN REMOVING AND HANDLING SOILED LINEN FROM A BED, THERE SHALL BE MINIMAL SHAKING OF THE LINEN.  
11 SOILED LINEN, INCLUDING BLANKETS, SHALL BE PLACED IN BAGS TIGHTLY CLOSED BEFORE REMOVAL FROM A  
12 BEDROOM. THE BAGS SHALL REMAIN CLOSED AND SHALL BE REMOVED FROM THE RESIDENT CARE UNIT AT LEAST  
13 EVERY 8 HOURS.

14 25.6 INFECTIOUS DISEASE LINEN

15 ALL LINENS AND BLANKETS FROM RESIDENTS WITH INFECTIOUS DISEASE SHALL BE PLACED IN BIO-HAZARDOUS  
16 BAGS AND TRANSPORTED IN THESE CLOSED BAGS. MEASURES SHALL BE TAKEN TO ENSURE THE DISINFECTION  
17 OF CONTAMINATED LAUNDRY AND PROTECTION OF PERSONS DOING LAUNDRY.

18 25.7 SORTING AND PRE-RINSING

19 PRE-RINSING, SORTING AND ALL OTHER LINEN AND LAUNDRY OPERATIONS SHALL BE CONFINED TO THE LAUNDRY  
20 FACILITY AND SHALL NOT BE PERMITTED IN THE RESIDENT'S ROOM, BATHTUB, SHOWER, LAVATORY OR UTILITY  
21 CLOSETS.

22 25.8 LAUNDRY CHUTES

23 IF LAUNDRY CHUTES ARE USED, ALL SOILED LINEN, CLOTHING AND OTHER ITEMS DEPOSITED IN THEM SHALL  
24 FIRST BE ENCLOSED IN BAGS BEFORE PLACING THEN IN CHUTE. LAUNDRY CHUTES SHALL BE REGULARLY  
25 CLEANED.

26 25.9 SOILED LAUNDRY CARTS

27 CARTS AND HAMPERS USED TO TRANSPORT SOILED LAUNDRY SHALL BE COVERED AND CONSTRUCTED OF OR  
28 LINED WITH IMPERVIOUS MATERIALS, CLEANED AND DISINFECTED AFTER USE, AND USED ONLY FOR  
29 TRANSPORTING SOILED LAUNDRY.

30 25.10 SOILED LINEN STORAGE

31 THE FACILITY SHALL PROVIDE A SEPARATE SOILED LINEN STORAGE AND SORTING AREA, MECHANICALLY  
32 VENTILATED TO THE OUTSIDE ATMOSPHERE. NO RE-CIRCULATION OF AIR FROM THIS AREA IS PERMITTED.

33 25.11 RESIDENT CLOTHING

34 RESIDENT CLOTHING AND LAUNDRY SHALL BE PROCESSED AND STORED IN A MANNER SO THAT PERSONAL ITEMS  
35 ARE READILY IDENTIFIABLE.

36 25.12 CLEAN LINEN STORAGE

1 A CLEAN LINEN FOLDING/STORAGE ROOM SHALL BE PROVIDED AS PART OF THE LAUNDRY AREA, LOCATED  
2 ADJACENT TO THE DRYING EQUIPMENT. POSITIVE PRESSURE SHALL BE MAINTAINED IN THIS AREA.

3 25.13 CLEAN LINEN HANDLING

4 CLEAN LINEN SHALL BE TRANSPORTED IN A MANNER THAT PRESERVES ITS CLEAN CONDITION SO THAT IT IS  
5 CLEAN AT THE SITE OF ITS USE.

6 **SECTION 26 INFECTION CONTROL**

7 26.1 INFECTION CONTROL PROGRAM

8 THE FACILITY SHALL HAVE AN INFECTION CONTROL PROGRAM THAT PROVIDES ANNUAL IN-SERVICE TRAINING ON  
9 INFECTION CONTROL AND SHALL HAVE CURRENT INFECTION CONTROL POLICIES AND PROCEDURES AVAILABLE TO  
10 ALL STAFF MEMBERS.

11 26.2 POLICIES

12 THE FACILITY SHALL HAVE AND FOLLOW WRITTEN POLICIES, APPROVED BY THE GOVERNING BODY ADDRESSING  
13 THE TRANSMISSION OF COMMUNICABLE DISEASES WITH A SIGNIFICANT RISK OF TRANSMISSION TO OTHER  
14 PERSONS AND FOR REPORTING DISEASES TO THE STATE AND/OR LOCAL HEALTH DEPARTMENT, PURSUANT TO 6  
15 CCR 1009-1, RULES AND REGULATIONS PERTAINING TO EPIDEMIC AND COMMUNICABLE DISEASE CONTROL.

16 26.3 THE FACILITY'S WRITTEN POLICIES AND PROCEDURES REGARDING INFECTION CONTROL SHALL BE CONSISTENT  
17 WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC): GUIDELINE FOR ISOLATION  
18 PRECAUTIONS: PREVENTING TRANSMISSION OF INFECTIOUS AGENTS IN HEALTHCARE SETTINGS, 2007 AND  
19 GUIDELINES FOR ENVIRONMENTAL INFECTION CONTROL IN HEALTH-CARE FACILITIES, 2003, WHICH ARE  
20 INCORPORATED BY REFERENCE CONSISTENT WITH SECTION 1.3 OF THIS CHAPTER.

21 A) THOSE POLICIES AND PROCEDURES SHALL INCLUDE AT A MINIMUM, ALL OF THE FOLLOWING CRITERIA:

22 1) STAFF SHALL EXERCISE CAUTION WHEN HANDLING SHARP OBJECTS SUCH AS NEEDLES AROUND  
23 RESIDENTS. NEEDLES SHALL NOT BE RECAPPED, BROKEN OFF OR DISPOSED OF IN OTHER THAN  
24 PUNCTURE-PROOF CONTAINERS.

25 2) LINEN AND CLOTHING OF RESIDENTS WITH COMMUNICABLE INFECTIONS SHALL BE WASHED IN A  
26 MANNER THAT ENSURES DISINFECTION.

27 3) STAFF SHALL WEAR DISPOSABLE GLOVES WHEN HANDLING ITEMS SOILED WITH BLOOD OR  
28 BODY FLUIDS.

29 4) RESUSCITATION EQUIPMENT SHALL BE IMMEDIATELY AVAILABLE IN THE EVENT ITS USE  
30 BECOMES NECESSARY.

31 5) WEARING DISPOSABLE GLOVES, STAFF SHALL IMMEDIATELY CLEAN UP SPILLS OF BLOOD OR  
32 BODILY FLUID FROM RESIDENTS WITH COMMUNICABLE INFECTIONS. STAFF SHALL THEN  
33 DISINFECT THE CONTAMINATED AREA USING AN APPROPRIATE CONCENTRATION OF A  
34 DISINFECTANT CERTIFIED BY THE MANUFACTURER TO BE EFFECTIVE AS USED.

35 6) ALL DISPOSABLE EQUIPMENT CONTAINING INFECTIVE WASTE SHALL BE DISPOSED OF IN THE  
36 ROOM WHERE IT IS USED IN STURDY PLASTIC BAGS AND THEN RE-BAGGED OUTSIDE THE ROOM.  
37 IT SHALL EITHER BE AUTOCLAVED OR INCINERATED PRIOR TO DISPOSAL IN A SANITARY  
38 LANDFILL.

1                   7)       FACILITY ACCESS OF NON-RESIDENT INDIVIDUALS WITH CONTAGIOUS CONDITIONS SHALL BE  
2                                RESTRICTED UNTIL THOSE INDIVIDUALS ARE NO LONGER CONTAGIOUS, THE INFECTIOUS PERIOD  
3                                HAS EXPIRED OR PERSONAL PROTECTIVE EQUIPMENT IS PROVIDED.

4   26.4   RESIDENT ISOLATION

5                   FACILITIES SHALL PROVIDE FOR THE ISOLATION OF RESIDENTS WITH COMMUNICABLE DISEASES WHERE  
6                   APPROPRIATE. INDIVIDUAL RESIDENT FACTORS ARE IMPORTANT DETERMINANTS OF INFECTION TRANSMISSION  
7                   RISKS AND THE NEED FOR A SINGLE ROOM AND/OR PRIVATE BATHROOM FOR ANY RESIDENT IS BEST DETERMINED  
8                   ON A CASE-BY-CASE BASIS.

9   26.5   SANITATION OF NURSING AND RESIDENT CARE EQUIPMENT

10                  NURSING AND RESIDENT CARE EQUIPMENT SHALL BE PROPERLY CLEANED, SANITIZED, DISINFECTED OR  
11                  STERILIZED, AND STORED.

12   26.6   DISPOSABLE EQUIPMENT AND SUPPLIES. SINGLE SERVICE DISPOSABLE CARE EQUIPMENT SHALL BE  
13                  USED ONLY ONCE AND SHALL BE DISPOSED OF IN AN APPROVED MANNER. REUSABLE DISPOSABLE CARE  
14                  EQUIPMENT SHALL BE USED ONLY FOR THE RESIDENT TO WHOM ASSIGNED. DISPOSABLE STERILE EQUIPMENT  
15                  SHALL BE CERTIFIED BY THE DISTRIBUTOR AS STERILE AND BE DESTROYED AFTER INITIAL USE.

16   26.7   HANDWASHING

17                  PERSONNEL SHALL WASH THEIR HANDS BEFORE AND AFTER CONTACT WITH A RESIDENT, AFTER CONTACT WITH A  
18                  CONTAMINATED OBJECT OR WASTE AND ADHERE TO THE CDC GUIDELINES FOR HAND HYGIENE IN HEALTH-  
19                  CARE SETTINGS, 2002, WHICH IS INCORPORATED BY REFERENCE CONSISTENT WITH SECTION 1.3 OF THIS  
20                  CHAPTER.

21   26.8   SANITATION OF AIR

22                  DESIGN, INSTALLATION, AND OPERATION OF HEATING/COOLING/VENTILATION SYSTEM SHALL ENSURE ADEQUATE  
23                  MICROBIAL CONTROL OF THE AIR.

24   26.9   PETS

25                  THE FACILITY SHALL ENSURE THAT PET ANIMALS EITHER RESIDING AT OR VISITING THE FACILITY HAVE BEEN  
26                  APPROPRIATELY VACCINATED AND LICENSED.

27   **SECTION 27   PEST CONTROL**

28   27.1   THE FACILITY SHALL HAVE WRITTEN POLICIES AND PROCEDURES THAT PROVIDE FOR EFFECTIVE CONTROL AND  
29                  ERADICATION OF INSECTS, RODENTS AND OTHER PESTS.

30   27.2   THE FACILITY SHALL HAVE A PEST CONTROL PROGRAM PROVIDED BY MAINTENANCE PERSONNEL OR BY  
31                  CONTRACT WITH A PEST CONTROL COMPANY USING THE LEAST TOXIC AND LEAST FLAMMABLE EFFECTIVE  
32                  PESTICIDES. THE PESTICIDES SHALL NOT BE STORED IN PATIENT OR FOOD AREAS AND SHALL BE KEPT UNDER  
33                  LOCK AND ONLY PROPERLY TRAINED RESPONSIBLE PERSONNEL SHALL BE ALLOWED TO APPLY THEM.

34   27.3   SCREENS OR OTHER PEST CONTROL MEASURES SHALL BE PROVIDED ON ALL EXTERIOR OPENINGS EXCEPT  
35                  WHERE PROHIBITED BY FIRE REGULATIONS. FACILITY DOORS, DOOR SCREENS AND WINDOW SCREENS SHALL FIT  
36                  WITH SUFFICIENT TIGHTNESS AT THEIR PERIMETERS TO EXCLUDE PESTS.

37   **SECTION 28   WASTE DISPOSAL**

38   28.1   SEWAGE AND SEWER SYSTEMS

1 ALL SEWAGE SHALL BE DISCHARGED INTO A PUBLIC SEWER SYSTEM, OR IF SUCH IS NOT AVAILABLE, DISPOSED OF  
2 IN A MANNER APPROVED BY THE STATE AND LOCAL HEALTH AUTHORITIES AND THE COLORADO WATER QUALITY  
3 CONTROL COMMISSION.

4 A) WHEN PRIVATE SEWAGE DISPOSAL SYSTEMS ARE IN USE, RECORDS OF MAINTENANCE AND THE SYSTEM  
5 DESIGN PLANS SHALL BE KEPT ON THE PREMISES.

6 B) NO UNPROTECTED EXPOSED SEWER LINE SHALL BE LOCATED DIRECTLY ABOVE WORKING, STORAGE OR  
7 EATING SURFACES IN KITCHENS, DINING ROOMS, PANTRIES, FOOD STORAGE ROOMS, OR WHERE  
8 MEDICAL OR NURSING SUPPLIES ARE PREPARED, PROCESSED OR STORED.

## 9 28.2 MEDICAL WASTE

10 MEDICAL WASTE SHALL BE DISPOSED OF IN ACCORDANCE WITH THE DEPARTMENT'S REGULATIONS PERTAINING  
11 TO SOLID WASTE DISPOSAL SITES AND FACILITIES AT 6 CCR 1007-2, PART 1, SECTION 13, MEDICAL WASTE.

## 12 28.3 REFUSE

13 ALL GARBAGE AND RUBBISH THAT IS NOT DISPOSED OF AS SEWAGE SHALL BE COLLECTED IN IMPERVIOUS  
14 CONTAINERS IN SUCH MANNER AS NOT TO BECOME A NUISANCE OR A HEALTH HAZARD AND SHALL BE REMOVED  
15 TO AN OUTSIDE APPROVED STORAGE AREA AT LEAST ONCE A DAY.

16 A) THE REFUSE STORAGE AREA SHALL BE KEPT CLEAN, AND FREE FROM NUISANCE.

17 B) A SUFFICIENT NUMBER OF IMPERVIOUS CONTAINERS WITH TIGHT FITTING LIDS SHALL BE PROVIDED AND  
18 KEPT CLEAN AND IN GOOD REPAIR.

19 C) CARTS USED TO TRANSPORT REFUSE SHALL BE CONSTRUCTED OF IMPERVIOUS MATERIALS, ENCLOSED,  
20 USED SOLELY FOR REFUSE AND MAINTAINED IN A SANITARY MANNER.

## 21 28.4 INCINERATORS

22 ANY FACILITY USING AN INCINERATOR SHALL OBTAIN A PERMIT TO OPERATE AN INCINERATOR FROM THE STATE  
23 AIR POLLUTION CONTROL DIVISION AND MAINTAIN THE PERMIT ON FILE.

24 A) THE FACILITY SHALL COMPLY WITH FEDERAL, STATE AND LOCAL AIR POLLUTION REGULATIONS.

25 B) THE INCINERATOR SHALL BE CONSTRUCTED IN A MANNER THAT PREVENTS INSECT AND RODENT  
26 BREEDING AND HARBORAGE.

## 27 SECTION 29 RELIGIOUS TREATMENT EXCLUSIONS

### 28 29.1 EXCEPTION OF CERTAIN FACILITIES

29 THIS CHAPTER OF REGULATION DOES NOT APPLY TO ANY NURSING FACILITY CONDUCTED BY OR FOR THE  
30 ADHERENTS OF ANY WELL-RECOGNIZED CHURCH OR RELIGIOUS DENOMINATION FOR THE PURPOSE OF  
31 PROVIDING FACILITIES FOR THE CARE AND TREATMENT OF THE SICK WHO DEPEND EXCLUSIVELY UPON SPIRITUAL  
32 MEANS THROUGH PRAYER FOR HEALING IN THE PRACTICE OF THE RELIGION OF SUCH CHURCH OR  
33 DENOMINATION.

### 34 29.2 EXCEPTION FOR RELIGIOUS BELIEFS

35 NOTHING IN THIS CHAPTER AUTHORIZES THE DEPARTMENT TO IMPOSE ON A RESIDENT ANY MODE OF TREATMENT  
36 INCONSISTENT WITH THE RESIDENT'S RELIGIOUS BELIEF.

1    **SECTION 30    MEDICAID CERTIFICATION STANDARDS**

2    30.1    FOR THE PURPOSE OF FULFILLING ITS FACILITY CERTIFICATION RESPONSIBILITIES AS THE STATE SURVEY  
3            AGENCY PURSUANT TO SECTION 25-1.5-103(1)(A)(I)(C), C.R.S.; TITLE XIX (MEDICAID) OF THE SOCIAL  
4            SECURITY ACT (42 U.S.C. SECTION 1396(A), *ET SEQ.*); AND THE COLORADO MEDICAL ASSISTANCE ACT,  
5            SECTION 25.5-4-101, *ET SEQ.*, C.R.S.; THE DEPARTMENT SHALL APPLY AND ENFORCE THE SKILLED NURSING  
6            FACILITY CERTIFICATION STANDARDS OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES LOCATED IN  
7            TITLE 42 OF THE U.S. CODE OF FEDERAL REGULATIONS.

8    **SECTION 31    ENFORCEMENT ACTIVITIES**

9    **FOR NURSING CARE FACILITIES CERTIFIED TO PROVIDE MEDICAID SERVICES:**

10   31.1    THE DEPARTMENT, AS THE STATE AGENCY RESPONSIBLE FOR CERTIFYING NURSING CARE FACILITIES, IS  
11            AUTHORIZED UNDER SECTIONS 25-1-107.5 AND 25.5-6-205, C.R.S. TO RECOMMEND TO THE DEPARTMENT OF  
12            HEALTH CARE POLICY AND FINANCING (HCPF) THAT REMEDIES BE IMPOSED AGAINST A NURSING CARE FACILITY  
13            THAT VIOLATES THE FEDERAL REGULATIONS FOR PARTICIPATION IN THE MEDICAID PROGRAM AS ENUMERATED IN  
14            42 USC §1396R(H). THE REMEDIES RECOMMENDED SHALL INCLUDE ANY REMEDIES REQUIRED UNDER FEDERAL  
15            LAW AND THE IMPOSITION OF CIVIL MONEY PENALTIES. ASSESSMENT, ENFORCEMENT AND COLLECTION OF ANY  
16            CIVIL MONEY PENALTY RECOMMENDED UNDER THIS SECTION AND THE DENIAL OF MEDICAID PAYMENTS SHALL BE  
17            HCPF'S RESPONSIBILITY.

18   31.2    IN DETERMINING WHETHER TO RECOMMEND IMPOSITION OF A CIVIL MONEY PENALTY, THE DEPARTMENT MAY  
19            CONSIDER MITIGATING FACTORS SUCH AS CHANGE OF OWNERSHIP; CIRCUMSTANCES OUTSIDE THE FACILITY'S  
20            REASONABLE CONTROL; AND REASONABLE, GOOD FAITH EFFORTS TO RESOLVE THE VIOLATION(S).

21   31.3    IN DETERMINING THE AMOUNT OF THE PENALTY TO RECOMMEND FOR ASSESSMENT BY HCPF, THE DEPARTMENT  
22            SHALL CONSIDER, AT A MINIMUM, THE FOLLOWING ITEMS:

23            A)        THE PERIOD OF TIME OVER WHICH THE VIOLATION OCCURRED;

24            B)        THE FREQUENCY OF THE VIOLATION;

25            C)        THE NURSING CARE FACILITY'S HISTORY CONCERNING THE TYPE OF VIOLATION FOR WHICH THE  
26            PENALTY IS ASSESSED;

27            D)        THE NURSING CARE FACILITY'S INTENT OR REASON FOR THE VIOLATION;

28            E)        THE EFFECT, IF ANY, OF THE VIOLATION ON RESIDENTS' HEALTH, SAFETY, SECURITY OR WELFARE (I.E.,  
29            SEVERITY);

30            F)        THE EXISTENCE OF OTHER VIOLATIONS, IN COMBINATION WITH THE VIOLATION FOR WHICH THE PENALTY  
31            IS ASSESSED, WHICH INCREASE THE THREAT TO RESIDENTS' HEALTH, SAFETY, SECURITY OR WELFARE;

32            G)        THE ACCURACY, THOROUGHNESS AND AVAILABILITY OF RECORDS REGARDING THE VIOLATION WHICH  
33            THE NURSING CARE FACILITY IS REQUIRED TO MAINTAIN; AND

34            H)        THE NUMBER OF ADDITIONAL RELATED VIOLATIONS OCCURRING WITHIN THE SAME TIME SPAN AS THE  
35            VIOLATION IN QUESTION.

36   31.4    IN THE EVENT THE DEPARTMENT DETERMINES THAT A VIOLATION IS LIFE THREATENING TO ONE OR MORE  
37            RESIDENTS OR CREATES A DIRECT THREAT OR SERIOUS ADVERSE HARM TO THE HEALTH, SAFETY, SECURITY,  
38            RIGHTS OR WELFARE OF ONE OR MORE RESIDENTS, HCPF SHALL IMPOSE A PENALTY FOR EACH DAY THE  
39            DEFICIENCIES THAT CONSTITUTE THE VIOLATION ARE FOUND TO EXIST.

- 1 31.5 IN ACCORDANCE WITH SECTION 25-1-107.5(3), C.R.S., ANY CIVIL MONEY PENALTY RECOMMENDED BY THE  
2 DEPARTMENT SHALL BE NOT LESS THAN \$100 OR MORE THAN \$10,000 FOR EACH DAY THE FACILITY IS FOUND  
3 TO HAVE BEEN IN VIOLATION OF THE FEDERAL REGULATIONS. PENALTIES ASSESSED SHALL INCLUDE INTEREST AT  
4 THE STATUTORY RATE.
- 5 31.6 IF THE DEPARTMENT RECOMMENDS IMPOSITION OF A CIVIL MONEY PENALTY, IT SHALL NOTIFY THE NURSING  
6 CARE FACILITY NO LATER THAN FIVE DAYS AFTER THE LAST DAY OF THE INSPECTION OR SURVEY DURING WHICH  
7 THE DEFICIENCIES THAT CONSTITUTE THE VIOLATION WERE FOUND. SUCH NOTICE SHALL COMPLY WITH SECTION  
8 25-1-107.5(3)(c)(II),C.R.S.
- 9 31.7 WRITTEN PLANS OF CORRECTION SHALL COMPLY WITH 6 CCR 1011-1, CHAPTER 2, PART 2.11.4(B).
- 10 31.8 NOTHING IN THIS SECTION PRECLUDES THE DEPARTMENT FROM IMPOSING ANY OTHER REMEDIES ALLOWED BY  
11 STATE LAW INCLUDING, BUT NOT LIMITED TO, THOSE DESCRIBED IN 6 CCR 1011-1, CHAPTER 2, PART 2.11 AND  
12 2.12.

13 **FOR LICENSED, NON-CERTIFIED NURSING CARE FACILITIES:**

- 14 31.9 THE DEPARTMENT MAY IMPOSE ANY ENFORCEMENT REMEDY AUTHORIZED BY STATE LAW OR REGULATION.
- 15 31.10 ENFORCEMENT ACTIVITIES SHALL BE CONDUCTED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2.

16 **SECTION 32 LICENSING FEES**

- 17 32.1 ALL LICENSE FEES ARE NON-REFUNDABLE. THE TOTAL FEE SHALL BE SUBMITTED WITH THE APPROPRIATE  
18 LICENSE APPLICATION.
- 19 32.2 INITIAL LICENSE - \$6,000 PER FACILITY.
- 20 32.3 RENEWAL LICENSE - THE ANNUAL RENEWAL FEE SHALL BE AS FOLLOWS.
- 21 MEDICARE AND/OR MEDICAID CERTIFIED FACILITY: \$1,600 BASE FEE PLUS \$8 PER BED.
- 22 NON-CERTIFIED FACILITY: \$3,480 BASE FEE PLUS \$8 PER BED.
- 23 32.4 CHANGE OF OWNERSHIP - CHANGE OF OWNERSHIP SHALL BE DETERMINED IN ACCORDANCE WITH THE CRITERIA  
24 SET FORTH IN 6 CCR 1011-1, CHAPTER 2, PART 2. THE FEE SHALL BE \$6,000 PER FACILITY.
- 25 32.5 OPENING A SECURE UNIT - A FACILITY THAT WISHES TO OPEN A SECURE UNIT SHALL SUBMIT A FEE OF \$1,600 IN  
26 ADDITION TO ANY OTHER APPLICABLE LICENSE FEES.  
27

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

2 Health Facilities and Emergency Medical Services Division

3 STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 2 – GENERAL LICENSURE  
4 STANDARDS

5 6 CCR 1011-1 Chap 02

6  
7 \* \* \* \* \*

8 Part 4. WAIVER OF REGULATIONS FOR HEALTH CARE ENTITIES

9 \* \* \* \* \*

10 4.103 Application Procedure

11 \* \* \* \* \*

12 (4) *Notice and Opportunity to Comment on Application*

13 \* \* \* \* \*

14 (b) The notice must also indicate that any person interested in commenting on the waiver  
15 application may forward written comments directly to the Department at the following  
16 address:

17 CDPHE - HFD, A2– Waiver Program  
18 4300 Cherry Creek Drive South C1  
19 Denver, CO 80246.

20 \* \* \* \* \*

21 PART 7. MEDICATIONS, MEDICAL DEVICES, AND MEDICAL SUPPLIES

22 \* \* \* \* \*

23 7.200 DONATION OF UNUSED MEDICATIONS, MEDICAL DEVICES AND MEDICAL SUPPLIES

24 ~~7.201 STATUTORY AUTHORITY AND APPLICABILITY~~

25 ~~(2) APPLICABILITY~~

26 ~~(a) This Subpart 7.200 applies to medications, medical devices and medical supplies~~  
27 ~~donated by the patient, resident or his or her next of kin to the following health care~~  
28 ~~entities: acute treatment units, assisted living residences, community mental health~~  
29 ~~centers, community residential homes for persons with developmental disabilities,~~  
30 ~~intermediate care facilities for the developmentally disabled, hospices, hospitals~~  
31 ~~(including general hospitals, psychiatric hospitals, maternity hospitals and rehabilitation~~  
32 ~~centers), hospital units and long term care facilities.~~

33 ~~(b) Notwithstanding Section 7.201 (2)(a), this Subpart 7.200 does not apply to items~~  
34 ~~donated:~~

35 ~~(i) by the patient, resident, or his or her next of kin directly to a pharmacist~~  
36 ~~employed or contracted by the health care entity subject to 3 CCR 719-1,~~  
37 ~~Section 3.00.80.~~



- 1           ~~(3) — Items Not Eligible for Donation. A health care entity shall not accept medications that:~~
- 2                   ~~(a) — were dispensed in a traditional brown or amber pill bottles.~~
- 3                   ~~(b) — are controlled substances.~~
- 4                   ~~(c) — require refrigeration, freezing, or special storage.~~
- 5                   ~~(d) — require special registration with the manufacturer.~~
- 6                   ~~(e) — are adulterated or misbranded, as determined by the health care entity.~~
- 7                   ~~(f) — are dispensed in a customized patient medication package.~~
- 8                   ~~(g) — are compounded drugs.~~
- 9                   ~~(h) — are packaged by a pharmacist as split tablets or capsules.~~
- 10           ~~(4) — Policies and Procedures. Health care entities that accept unused items shall develop and~~  
11                   ~~implement policies and procedures regarding:~~
- 12                   ~~(a) — Storage. Unused items shall be stored:~~
- 13                           ~~(i) — in a manner that retains the items' medical efficacy as provided for by storage~~  
14                                   ~~protocols approved by a licensed pharmacist. Such protocols shall be reviewed~~  
15                                   ~~and approved by a licensed pharmacist at least every three years.~~
- 16                           ~~(ii) — separately from non-donated unused items.~~
- 17                   ~~(b) — Inventory control. The health care entity shall:~~
- 18                           ~~(i) — develop processes for the prevention and detection of diversion of donated~~  
19                                   ~~unused items that may be illegally sold. When diversion is detected, prompt~~  
20                                   ~~appropriate corrective measures shall be implemented.~~
- 21                           ~~(ii) — adequately dispose of unused donated items not transferred to a pharmacist or~~  
22                                   ~~a relief agency.~~
- 23                   ~~(c) — Transporting unused items. If the health care entity is responsible for transporting~~  
24                           ~~unused items, it shall do so in a manner that retains the item's medical efficacy.~~

25   ~~7.204 — TRANSFERRING UNUSED ITEMS FROM THE HEALTH CARE ENTITY~~

- 26           ~~1) — A health care entity may transfer unused items to pharmacists or nonprofit relief entities as~~  
27                   ~~authorized by Section 12-22-133 (2), C.R.S.~~
- 28
- 29           ~~(2) — The health care entity shall maintain a record, to be retained for two years after the unused item~~  
30                   ~~was transferred from the health care entity, of the:~~
- 31                   ~~(a) — name of the donor and the date the unused item was donated to the health care entity,~~  
32                           ~~as applicable.~~
- 33                   ~~(b) — name or a brief description of the unused item.~~

- 1                   ~~(c) quantity of the unused item.~~
- 2                   ~~(d) date the unused item(s) was transferred from the health care entity, to whom it was~~  
3                   ~~transferred, and signed receipt by the recipient.~~
- 4                   ~~(e) manner that it transported the unused item and that such transportation retained the~~  
5                   ~~item's medical efficacy, as applicable.~~
- 6                   ~~(3) Upon transfer from the health care entity, unused items shall not include in their labeling any~~  
7                   ~~identifying patient or resident information.~~

8    7.202   RETURN AND REDISTRIBUTION OF ITEMS

- 9                   (A)    CONSISTENT WITH SECTION 12-42.5-133, C.R.S., A LICENSED FACILITY MAY RETURN UNUSED  
10                   MEDICATIONS OR MEDICAL SUPPLIES AND USED OR UNUSED MEDICAL DEVICES TO A PHARMACIST WITHIN  
11                   THE LICENSED FACILITY OR TO A PRESCRIPTION DRUG OUTLET IN ORDER FOR THE MATERIALS TO BE RE-  
12                   DISPENSED TO ANOTHER RESIDENT OR PATIENT, OR DONATED TO A NONPROFIT ENTITY THAT HAS THE  
13                   LEGAL AUTHORITY TO POSSESS THE MATERIALS OR TO A PRACTITIONER AUTHORIZED BY LAW TO  
14                   DISPENSE THE MATERIALS WHEN THE FOLLOWING CRITERIA ARE MET:
- 15                   (1)    THE MEDICATIONS, MEDICAL SUPPLIES AND/OR MEDICAL DEVICES WERE DONATED BY A  
16                   PATIENT, RESIDENT, HOME CARE CONSUMER OR HIS/HER NEXT OF KIN AND, WHERE POSSIBLE,  
17                   DOCUMENTED IN WRITING;
- 18                   (2)    A LICENSED PHARMACIST HAS REVIEWED THE PROCESS OF DONATING UNUSED MEDICATIONS  
19                   TO A NONPROFIT ENTITY;
- 20                   (3)    MEDICATION DISPENSED OR DONATED UNDER THIS SECTION SHALL NOT BE EXPIRED. A  
21                   DONATED MEDICATION SHALL NOT BE DISPENSED TO ANOTHER PATIENT, RESIDENT OR HOME  
22                   CARE CONSUMER IF IT WILL EXPIRE BEFORE USE BY THE PATIENT, RESIDENT OR HOME CARE  
23                   CONSUMER BASED ON THE PRESCRIBING PRACTITIONER'S DIRECTIONS FOR USE; AND  
24                   (4)    MEDICATIONS, MEDICAL SUPPLIES AND MEDICAL DEVICES DONATED PURSUANT TO THIS  
25                   SECTION SHALL NOT BE RESOLD FOR PROFIT.
- 26                   (4)    MEDICATIONS, MEDICAL SUPPLIES AND MEDICAL DEVICES DONATED PURSUANT TO THIS  
27                   SECTION SHALL NOT BE RESOLD FOR PROFIT.
- 28                   (4)    MEDICATIONS, MEDICAL SUPPLIES AND MEDICAL DEVICES DONATED PURSUANT TO THIS  
29                   SECTION SHALL NOT BE RESOLD FOR PROFIT.
- 30                   (B)    MEDICATIONS ARE ONLY AVAILABLE TO BE DISPENSED TO ANOTHER PERSON OR DONATED TO A  
31                   NONPROFIT ENTITY UNDER THIS SECTION IF THE MEDICATIONS ARE:
- 32                   (1)    LIQUID AND THE VIAL IS STILL SEALED AND PROPERLY STORED;
- 33                   (2)    INDIVIDUALLY PACKAGED AND THE PACKAGING HAS NOT BEEN DAMAGED; OR  
34                   (3)    IN THE ORIGINAL, UNOPENED, SEALED AND TAMPER-EVIDENT UNIT DOSE PACKAGING.
- 35                   (2)    INDIVIDUALLY PACKAGED AND THE PACKAGING HAS NOT BEEN DAMAGED; OR  
36                   (3)    IN THE ORIGINAL, UNOPENED, SEALED AND TAMPER-EVIDENT UNIT DOSE PACKAGING.
- 37                   (3)    IN THE ORIGINAL, UNOPENED, SEALED AND TAMPER-EVIDENT UNIT DOSE PACKAGING.
- 38                   (C)    THE FOLLOWING MEDICATIONS SHALL NOT BE DONATED:
- 39                   (1)    MEDICATIONS PACKAGED IN TRADITIONAL BROWN OR AMBER PILL BOTTLES;
- 40                   (2)    CONTROLLED SUBSTANCES;
- 41                   (3)    MEDICATIONS THAT REQUIRE REFRIGERATION, FREEZING OR SPECIAL STORAGE;
- 42                   (4)    MEDICATIONS THAT REQUIRE SPECIAL REGISTRATION WITH THE MANUFACTURER; OR  
43                   (5)    MEDIATIONS THAT ARE ADULTERATED OR MISBRANDED, AS DETERMINED BY A PERSON LEGALLY  
44                   AUTHORIZED TO DISPENSE THE MEDICATIONS ON BEHALF OF THE NONPROFIT ENTITY.
- 45                   (3)    MEDICATIONS THAT REQUIRE REFRIGERATION, FREEZING OR SPECIAL STORAGE;
- 46                   (4)    MEDICATIONS THAT REQUIRE SPECIAL REGISTRATION WITH THE MANUFACTURER; OR
- 47                   (5)    MEDIATIONS THAT ARE ADULTERATED OR MISBRANDED, AS DETERMINED BY A PERSON LEGALLY
- 48                   AUTHORIZED TO DISPENSE THE MEDICATIONS ON BEHALF OF THE NONPROFIT ENTITY.
- 49                   AUTHORIZED TO DISPENSE THE MEDICATIONS ON BEHALF OF THE NONPROFIT ENTITY.
- 50

1 7.203 IMMUNITY

2  
3 A PERSON OR ENTITY IS NOT SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR PROFESSIONAL DISCIPLINARY ACTION  
4 FOR DONATING, ACCEPTING, DISPENSING OR FACILITATING THE DONATION OF MATERIAL IN GOOD FAITH,  
5 WITHOUT NEGLIGENCE, AND IN COMPLIANCE WITH COLORADO LAW.  
6

7 \*\*\*\*\*

8 **Part 8. PROTECTION OF PERSONS FROM INVOLUNTARY RESTRAINT**

9 \*\*\*\*\*

10 8.102 Definitions

11 (1) "Chemical restraint" means giving an individual medication involuntarily for the purpose of  
12 restraining that individual; except that "chemical restraint" does not include the involuntary  
13 administration of medication pursuant to Section ~~27-10-111 (4.5)~~ 27-65-111(5), C.R.S., or  
14 administration of medication for voluntary or life-saving medical procedures.

15 \*\*\*\*\*

16 8.103 Exemptions

17 \*\*\*\*\*

18 (2) "A facility, as defined in Section ~~27-10-102 (4.5)~~ 27-65-102 (7), C.R.S., that is designated by the  
19 Executive Director of the Department of Human Services to provide treatment pursuant to  
20 Sections ~~27-10-105, 27-10-106, 27-10-107, or 27-10-109~~ 27-65-105 through 27-65-107, C.R.S.,  
21 to any ~~mentally ill~~ person WITH A MENTAL ILLNESS, as defined in Section ~~27-10-102 (7)~~, 27-65-  
22 102(14), C.R.S., may use seclusion to restrain a ~~mentally ill~~ person WITH A MENTAL ILLNESS when  
23 such seclusion is necessary to eliminate a continuous and serious disruption of the treatment  
24 environment.

25 (3) If the use of restraint in skilled nursing and nursing care facilities licensed under state law is in  
26 accordance with the federal statutes and regulations governing the Medicare program set forth  
27 in 42 U.S.C. sec. 1395i-3(c) and 42 C.F.R. part 483, subpart B and the Medicaid program set  
28 forth in 42 U.S.C. sec. 1396r(c) and 42 C.F.R. part 483, subpart B and with chapter ~~V, Long~~  
29 ~~Term~~ 5, NURSING Care Facilities, there shall be a conclusive presumption that such use of  
30 restraint is in accordance with this Part 8.

31 (4) If any provision of this Part 8 concerning the use of restraint conflicts with any provision  
32 concerning the use of restraint stated in Article ~~40-5~~ 65 of Title 27, C.R.S., or any regulation  
33 adopted pursuant thereto, the provision of Article ~~40-5~~ 65 of Title 27, C.R.S., or the regulation  
34 adopted pursuant thereto shall prevail.

35 \*\*\*\*\*

36 **PART 10 - INFLUENZA IMMUNIZATION OF HEALTHCARE WORKERS**

37 \*\*\*\*\*

38  
39 Definitions

40 10.5

41 \*\*\*\*\*

42  
43 (J) "~~Long Term~~ NURSING Care Facility" means a facility that is licensed and regulated pursuant to 6  
44 CCR 1011-1, Chapter ~~V~~ 5, ~~Long Term~~ NURSING Care Facilities.

45 \*\*\*\*\*